UIS Health Services
Allergy Injection Policy

In order to administer allergy injections to students, the following policies must be observed:

1. The prescribing physician must provide a written order which describes the content and strength of the extract, the time interval between injections and the dosage. Instructions for management of missed doses, time lapses between doses and instructions for reactions to the injections must be included.

2. We will act as the agent for a physician if the student and physician wish, but we will not alter or supervise treatment. We reserve the right to ask that students to check with their physician help us resolve any questions, problems, or if reactions occur.

3. Allergy injections must be done when a physician is in clinic; usually Tuesday and Thursday. Appointments must be made in advance. Walk-in appointments for allergy injections are not available.

4. If for any reason a student is unable to keep an appointment, they must notify the Health Services at least 24 hours in advance, so the appointment time may be made available to others who need to be seen. Failure to cancel any appointment in that time frame will result in a $15.00 “no-show” fee.

5. Those receiving injections must wait in the clinic for a minimum of 20-30 minutes after an injection, depending on the instructions' received from the ordering provider. There may be other times when, in our professional judgment, a student will be required to remain longer especially if the student is exhibiting signs of a reaction.

6. Students are expected to pay the Health Services fee ($35.00) at the start of each semester. There is a flat fee each semester ($40.00) for the administration of allergy injections, which must be paid at the time of the first injection. This fee covers all allergy injections given during the semester.

7. Those receiving allergy injections will be required to read and sign a copy of these policies.

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SIGNATURE OF STUDENT  DATE

________________________________________  ____________________________
SIGNATURE OF WITNESS  DATE