Receiving Allergy Injections at the University Health Center

1. There is a $5.00 charge for each injection. We accept Lion’s Lagniappe or a receipt from the Controller’s office. NO cash, check or credit cards.

2. Furnish your own medication.

3. Sign an Allergy Injection Release of Liability Form.

4. Must have an order signed by your allergist giving our registered nurses permission to give your injections at the University Health Center. A nurse practitioner or physician MUST BE in the building when the injection is administered.

5. Written instructions on dosage, size of needle, site of injection, and how often to administer must be provided.

6. Students must schedule an appointment to come to the University Health Center. Our telephone number is 985-549-2241.

7. A brief history and nature of allergy will be documented in the patient’s chart.

8. You must remain in the University Health Center for 20 minutes after receiving the injection.

9. The student must return to his/her allergist if there is significant time between injections, or if specific instructions are not documented.
Allergy Injection Release of Liability Form

Please be advised that the University Health Center administers allergy injections to students at a charge of $5.00 per injection. The easiest way to pay this fee is to have money on your Lion’s Lagniappe or Student I.D. Card. Your only other option is to pay at the controller’s office and bring us a receipt.

Your allergist/doctor must initiate your regimen. This includes administration of the first dose in her/her office. Documentation of the prescribed regimen shall be supplied to the University Health Center by the patient.

The University Health Center requires an official release of any financial obligations by the student if his/her serum is destroyed due to a natural disaster or power outage that cannot be controlled by the University Health Center. Our center has a back-up generator to maintain our refrigerators. However, we cannot offer a guarantee regarding the maintenance of your serum in these instances.

Your signature below releases the University Health Center from any financial obligations related to a loss of serum that is due to circumstances beyond our control.

__________________________________________  ____________________

Patient Signature                          Date

__________________________________________  ____________________

Nurse Signature                            Date

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