

# St. Bonaventure University Allergy Injection Agreement



Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Prior to the initiation of Allergy injections at SBU Health Services, please read the following and sign at the bottom if you are in agreement with the terms and conditions of this service.

1. The student **MUST** be at maintenance and not be at increased risk for serious or anaphylactic reactions.
2. SBU has **Basic Life Support** available (O2, Benadryl, nebulizer, and epinephrine). In the case of an anaphylactic reaction, 911 will be called and response times vary.
3. Health Services provider (**Dr. Becky M. Seefeldt, Family Nurse Practitioner**) will review information and make determination if student is at maintenance and has no apparent increased risk of allergic reaction. There is **NO** physician on staff.
4. The Health Services medical manager (provider) has the right to **refrain from initiating or may discontinue** giving allergy injections to the student at any time the medical services manager/provider determines the student is at increased risk for anaphylactic reaction.
5. The **initial** allergy injection will be scheduled after receiving serum with orders and signed form (see below).
6. Completed and signed form should be mailed or faxed to Center for Student Wellness/Health Services. **(See contact information below.)**

\_\_\_\_\_  
Medical Provider (Allergist)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Allergist Office Phone

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Allergist Office Fax

\_\_\_\_\_  
Zip code

## Center for Student Wellness

St. Bonaventure University  
127 Doyle Hall, PO Box 2469  
St. Bonaventure, NY 14778  
Phone: 716-375-2626 Fax: 716-375-7892