Cohen Student Health Center is able to provide allergy injections to Mercyhurst University students. The following information will help you understand the process, including the information needed by the Health Center prior to administering the first injection. Once you have read this form, please sign below, and return the form to the Cohen Student Health Center by fax (814-347-8275) or mail.

1. Before the Health Center can provide you with an allergy injection, three items must be at the Center at least 72 hours prior to your first injection. These items are:

   ✓ A signed instruction sheet from your allergist (verbal orders from the physician’s office cannot be accepted). You can obtain this form on-line by going to the Health Center site on the Mercyhurst Portal, or by contacting the Health Center at 814-824-2431.
   ✓ A signed copy of this Student Waiver form which you are now reading.
   ✓ Your vial(s) of allergy serum with your name on it.

This 72-hour period ensures that staff has adequate time to review the information provided and to communicate with your allergist if the need arises. The student is responsible for safely transporting the allergy serum vial to the Health Center and maintaining appropriate refrigeration. Do not keep the vial in a community refrigerator at the Residence Hall.

2. Once the student gives the vial(s) to the Health Center, each vial will be labeled with the student’s name and pertinent information, and maintained at the Health Center in a refrigerator used only for medication. While this refrigerator is inspected regularly, the Health Center has no liability in the unlikely event that a power or mechanical failure would occur that render the serum useless.

3. Students should call to schedule an allergy injection visit at the Health Center at least a few days prior to the needed date. Injections will be administered by the Health Center nurse during times that the physician is on site at the Center. All injections will be administered into the posterior aspect of the upper arm unless another site is requested by the allergist in writing.

4. Students are required to remain at the Health Center for 30 minutes after each injection.

5. Local reactions are graded and managed. If a student sustains a systemic reaction, no additional allergy injections will be given at the Health Center until the student is re-evaluated by their allergist. Students with a history of systemic reaction may be referred to local allergy specialists to receive their injections, rather than continue to be seen at the Health Center.

6. Allergy serum and materials are not to be mailed to the Cohen Student Health Center. The Health Center is not responsible for mailed materials that are lost, unrefrigerated, or otherwise damaged. The students are responsible for hand carrying allergy materials to the Student Health Center and for retrieving their serum and materials at the end of the academic year.
7. The Student Health Center will not mail serum that has been left in the clinic. Remember that the Health Center is closed when students are not in session. Students must arrange to take serum home on breaks if an injection needs to be administered by the physician at home.

8. No injections will be administered on the days that the Health Center is closing for vacation or end of term. Do not schedule injections for the last day of finals, or the last day prior to vacation or break.

Your signature below indicates that you have read and understood the above information on the administration of allergy serum at Mercyhurst University’s Cohen Student Health Center. If you have any questions, please feel free to call the Health Center at 814-824-2431.

___________________________________  _______________________________
Student Signature     Date Signed

___________________________________  _______________________________
Printed Student Name   Date of Birth

___________________________________  _______________________________
Parent/Guardian Signature of Student is Under the age of 18 Date Signed

___________________________________  _______________________________
Witness Signature      Date Signed