University Health Center
Student Affairs
UNIVERSITY OF GEORGIA

UNIVERSITY HEALTH CENTER
The University of Georgia
Athens, GA 30602-1755
(706) 542-1162

NAME: _____
UGA ID #: _____
DOB: _____

ALLERGY IMMUNOTHERAPY PATIENT CONSENT FORM

I hereby authorize the University Health Center RN nursing staff to administer allergy injections ordered by my private physician, _____. I have been informed of the potential risks, which may consist of any or all of the following symptoms: local swelling; itchy eyes, nose or throat; nasal congestion; runny nose; throat or chest tightness; coughing; unusual wheezing; lightheadedness; faintness; nausea and vomiting; hives and shock, the last under extreme conditions. I understand and agree to remain in the Allergy Clinic waiting room for **at least 30 minutes** after each injection.

I was informed of:

- the nature of the proposed care, treatment, services, medications, interventions, or procedures;
- potential benefits, risks, side effects including potential problems related to recuperation;
- the likelihood of achieving care, treatment, and service goals;
- reasonable alternatives to the proposed care, treatment, and services; and
- the relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services.

I understand that it is my responsibility to notify the RN before I receive any injection if:

- There is any change in my medication, including taking a beta-blocker.
- I had any reaction/problem from the previous injection.
- I am currently ill: including fever, infectious disease, wheezing, and/or any other allergy symptoms including poison oak/ivy.
- I'm pregnant.

I certify that I have read and fully understand the above consent, that all my questions were answered and that all blanks were filled in prior to my signing.

Signed _____
(Signature of patient or other person authorized to sign)

Date _____ Time _____

Authorization must be signed by the patient, or by the parent or guardian in case of a minor.

Witness_____

Date _____ Time _____

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