



Allergy Injections

Patient Agreement and Consent

Consent for Agreement

I authorize the Staff Nurse to give me allergy injections as directed by Dr. _____ who supplies the allergen/antigen. I agree to wait in the nurse's office for 20 minutes following the injection.

Responsibility Agreement

I understand that it is my responsibility to inform the Staff Nurse, who will be administering the allergy injections, of any chronic or acute illness for which I am currently receiving medications, such as asthma, respiratory infections, etc.

Medical Alert

I am allergic to the following medications (please indicate "none" if appropriate). _____

Patient Signature

Date

Social Security Number

Witnessed by

Date