



Prepare for Life

Henry Wise Wellness Center

INFORMATION REQUIRED FOR STUDENTS RECEIVING ALLERGY INJECTIONS AT THE HENRY WISE WELLNESS CENTER

1. Name of Student
Social Security Number
2. Diagnosis:
3. Summary of sensitivities/Composition of serum:
4. Dosage and schedule:
5. Directions for care: A. If local reaction occurs: B. If systemic reaction occurs:
6. If student is late for scheduled injection, maximum length of time without dosage change: A. If on increasing (build up) dose: B. If on maintenance dose:
I have read the attached letter, understand the content and have completed the above information. I agree to permit my patient to receive allergy injections at the Henry Wise Wellness Center at Bowie State University.
(please print) Physician Name: Address:
Phone Number:
Signature of Physician: Date: