



Wellness Center
6439 N. Sheridan Road
Chicago, IL 60626
Phone: 773-508-2530

Allergy Injection Consent and Release

I, the undersigned, voluntarily request that the Wellness Center (“LUC WC”) of Loyola University of Chicago (“Loyola”) administer to me allergy immunotherapy injection(s) (“Allergy Injections”) prescribed by my private physician indicated below (“My Doctor”).

I voluntarily consent to, and assume the risk of: (a) the administration of the Allergy Injections at the LUC WC by physicians, nurse practitioners, registered nurses and support staff (including supervised graduate students in training) who are employees of or provide services to Loyola (“LUC WC Personnel”); and (b) the receipt of the Allergy Injections at LUC WC, in lieu of receiving the Allergy Injections at My Doctor’s office or hospital. I understand that I must remain at the LUC WC for 30 minutes after each Allergy Injection for observation and that if I leave the LUC WC prior to the end of such period, I may be prohibited from receiving future Allergy Injections at the LUC WC. I acknowledge that: (1) I am physically, mentally and emotionally fit and do not have any medical condition or limitation that would put me at risk for injury as a result of the Allergy Injections; and (2) I am not taking any beta-blocker medications.

I voluntarily consent to, and assume the risk of, any medical treatment, care and services by LUC WC Personnel to attend to my medical needs (including calling an ambulance) in the event of my injury, illness or other medical condition or situation during, as a result of or related the Allergy Injections (including any reaction to the Allergy Injections that may require immediate medical treatment). I understand that I have the right to refuse any treatment, procedure or medications deemed medically necessary by LUC WC Personnel. I acknowledge that Loyola does not provide personal accident/health insurance to me. I assume responsibility for my own health, safety and medical expenses.

I am aware that by signing below and receiving the Allergy Injections and related treatment, care and services, I am waiving and releasing all claims arising out of the Allergy Injections and related treatment, care and services. I hereby: (a) assume all risks of injury, loss and damage that may result from the Allergy Injections and related treatment, care and services; and (b) agree to waive, indemnify, hold harmless, release and discharge LUC WC Personnel and Loyola, its affiliates and subsidiaries and their respective trustees, officers, employees, representatives, agents, successors and assigns from any and all actions, causes of action, suits, claims, damages and expenses whatsoever for any injury, loss, damage, accident, inconvenience or expense, present or future, relating to or arising from the Allergy Injections and/or related treatment, care and services. It is my express intent to bind the members of my family and any of my heirs, assigns or personal representatives and is governed by the laws of the State of Illinois. I understand that I may revoke my consent at any time. This consent and release will not limit or otherwise modify any other consent or release I provide to Loyola or the LUC WC.

Patient’s Signature

Date

Patient’s Printed Name

Patient Date of Birth

Private Physician