

Allergy Serum Receipt

I, _____, am voluntarily storing _____ allergy serum vials with a mix date of _____ and expiration date of _____ for the convenience of receiving allergy injections while on Campus.

I release the Engle Center for Counseling and Health Services from any liability to replace my serum in the event of:

- fire,
- loss of electrical power,
- accidental mishandling, or
- human error

Patient's Name (print) _____

Patient's Name (Signature) _____ Date _____

Witness Signature _____ Date _____