CONTROLLED MEDICATION CONTRACT

I have been prescribed a medication that is tightly regulated by state and federal law. This includes medication for treatment of attention deficit/hyperactivity disorder (ADHD) and other conditions. In order to maximize therapeutic outcomes and my safety, I agree to adhere to the following terms/conditions:

- I agree to take my medication as prescribed and to report any adverse effects of my medication to my Student Health Services (SHS) physician.
- I accept responsibility to schedule follow-up appointments promptly and keep them to ensure that I do not run out of medication between appointments. My medication will be prescribed during these appointments for one month at a time **(exceptions may be made during breaks, surges or other modified operations, as allowed by law)**.
- I understand it is my responsibility to discuss with my provider in advance my medication needs during breaks and post-graduation.
- I understand that there can be drug interactions. I will consult with a medical practitioner or pharmacist before taking other prescribed or over-the-counter medication. I understand that use of other stimulants can increase the possibility of adverse effects; these stimulants may include caffeine, decongestants in cold and allergy medications, asthma rescue inhalers and recreational drugs.
- I acknowledge that using alcohol, other drugs or medications not prescribed by my physician is contraindicated while taking controlled medications.
- I understand that SHS has a NO REPLACEMENT POLICY. Lost, stolen or damaged prescriptions or medications left at home will not be refilled. I am responsible for protecting my medication and will keep my medication in a safe place that is not accessible to others. If my medication is stolen, I am to notify my SHS provider and file a police report.
- I agree to drug screening if my provider deems it necessary.
- I understand that it is a criminal offense and a violation of the Clemson University Student Code of Conduct to obtain controlled medications by fraudulent means or to possess these medications without a legitimate prescription.
- I understand that it is a criminal offense and a violation of the Clemson University Student Code of Conduct to give or sell controlled medications to others. This medication is prescribed only to me and will not be shared with others.
- I agree to have my medication prescribed by SHS physicians only, unless otherwise arranged with my SHS physician. Accepting prescriptions for this condition from other providers, unless otherwise arranged with my SHS physician, while being treated by a SHS physician may result in dismissal from SHS care.
- I understand that failure to abide by any of these terms/conditions may jeopardize my eligibility for ongoing medication management by SHS.