



UNIVERSITY HEALTH SERVICES

Saint Liam Hall
Notre Dame, Indiana
46556 USA

tel (574) 631-7497
fax (574) 631-6047
web <http://uhs.nd.edu>

Prescribed Stimulant Medications

University Health Services Student Policy

Stimulant Medications are “Schedule II drugs”. These prescribed drugs, such as medications for attention deficit disorders (ADD/ ADHD), are controlled substances as defined by the U.S. Drug Enforcement Administration (DEA).

The following guidelines will be adhered to when a new prescription is written or a renewal is requested:

- A prescription for a Schedule II drug must be written by a physician.
- A new prescription must be written for each month's supply of the stimulant drug.
- A student may be required to take a screening evaluation before a stimulant drug is prescribed by a University physician.
- An off campus physician who prescribes this medication for a student MUST provide the medical history identifying the medical need for this drug before the University Physician will write a monthly order.
- Monthly renewals of the prescription that was originally ordered by an off campus physician cannot be requested by phone by that physician. *A renewal by a University physician must be called in at least 24 hours in advance.
- Prescription drugs are NOT to be shared with any other person and must be kept in a safe place where others do not have access.
- THERE WILL BE NO ADDITIONAL MEDICATION PROVIDED FOR LOST OR STOLEN STIMULANT MEDICATIONS.

Misuse of stimulant medications is a common and recognized concern in this country. The University of Notre Dame and this physician WILL NOT TOLERATE MISUSE of stimulant drugs or any medications. The appearance or perception of misuse is enough justification for the University physician to cease treatment. Misuse may lead to dismissal from the University according to guidelines in *Du Lac*.

My physician has explained the use of this drug and potential side effects.
I understand and will abide by this policy.

Patient name (print)

Name of prescribed stimulant medication

Patient signature

Date

Physician Signature

Date