



Stimulant Medications Student Contract

Stimulant medications prescribed for attention deficit disorders (ADD/ADHD) are classified as controlled substances due, in part, to their potential for misuse and addiction. The University of Notre Dame and your University Health Services (UHS) provider **WILL NOT TOLERATE MISUSE** of stimulant drugs or any medications. The appearance or perception of misuse is enough justification for your UHS provider to cease treatment. Misuse may lead to dismissal from the University according to guidelines in *Du Lac*. The following guidelines apply for all new and renewed stimulant prescriptions, and are meant to ensure Notre Dame does not unwittingly contribute to the serious societal problem of stimulant misuse.

- Stimulant medications for the treatment of **previously undiagnosed/untreated** ADD/ADHD are prescribed by a UHS provider **only** after relevant testing that confirms a diagnosis of ADD/ADHD. Students must provide official documentation of their ADD/ADHD diagnosis to UHS before any new prescriptions may be ordered.
- Stimulant prescription **refills** by a non-UHS provider should be managed by the originally-prescribing provider, when possible. A UHS provider may refill a stimulant medication only if the student provides relevant documentation, such as previous prescription bottle.
- A new prescription must be written for each month's supply of the stimulant.
- Stimulant medication side effects can include potential for dependency and abuse, insomnia, palpitations, and decreased appetite, among others.
- Stimulant medications are not intended for use prior to physical activity including workouts, practice, or games. Use prior to physical exertion can be dangerous and may lead to side effects.
- 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.
- **UHS WILL NOT PROVIDE ADDITIONAL MEDICATION FOR LOST OR STOLEN STIMULANT MEDICATIONS.**

My UHS provider 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(s)

Patient signature

Date

Provider Signature

Date