525 N. Garland• Fayetteville• Arkansas 72701 • (479)575-5276 • Fax: (479) 575-5705
Pat Walker Health Center-(CAPS)
Division of Student Affairs

Stimulant Medication Prescription Policy

The psychiatrist at the Pat Walker Health Center (PWHC) has prescribed stimulant medication which may be helpful to you in managing your attention deficit disorder. It has been prescribed for **your use and your use alone** - it is not to be shared with others. Because this medication is a federally controlled substance, it is illegal to share or sell it. Should we discover that you have done either, we reserve the right to deny you further psychiatric services through the Pat Walker Health Center. In addition, in such case legal or University judicial action may also be pursued.

Because this medication is a federally controlled substance, only a limited supply will be prescribed at a time and it is therefore not appropriate for you to seek prescriptions from more than one source. This kind of "medication shopping" is also illegal and can be cause for suspension of psychiatric medication services at the Pat Walker Health Center, as well as legal or University judicial action.

By signing this form, I agree:

1. That I will safeguard my medication from loss or theft and I agree that the consequence of my failure to do so is that I will be without my prescribed medication for a period of time.

2. That I will use my medication at the prescribed rate, and not mix my medication with alcohol or other non-prescribed medications. The use of my medication at a greater rate will result in my being without medication for a period of time, **and could possibly cause my death.**

3. That I will follow-up as recommended by my Provider at least once every semester.

4. That I understand that Federal Law prohibits refills of this medicine and prohibits this medicine from being "called in" to a pharmacy. **Please give 5 days' notice before you run out of medication to allow your prescription to be re-written.**

By signing below, I attest that I understand and agree to all of the information on this form.

_____ _____

Student Name (printed) Student Signature Date

_____ _____

Student ID # Date of Birth Witness Signature Date