

DS Chen Health and Wellness Center  
Deerfield Academy  
DEERFIELD, MASSACHUSETTS 01342

**OVER-THE-COUNTER (OTC) & PRESCRIPTION MEDICATION  
AGREEMENT & POLICY: *to be completed for ALL students***

- The Deerfield Academy medication policy has been developed to help ensure the health and safety of all of our students. **Parents must inform the Deerfield Academy Health and Wellness Center of ALL medications and/or supplements a student takes or has in their possession during the school year by completing and, as warranted, updating the attached Student Medication List.** This includes prescription, over-the-counter (OTC), and other types of medications, such as herbs, homeopathic and otherwise.
- ALL medication in a student's possession must be labelled in English with instructions regarding proper administration and be in the original manufacturer's packaging.
- Students may not share their medication or accept any medications from other students.

**OVER-THE-COUNTER (OTC) MEDICATIONS:**

*Includes all Non-Prescription Medications, including vitamins and supplements*

- We recommend you not send your child to school with OTC medication. The Health & Wellness Center is always open and has a full array of common OTC medications that can be provided to students as clinically indicated. *Please review the OTC and Stock prescription medication formulary on the Health Center section of the Deerfield website <https://deerfield.edu/almanac/health-center-policies>*
- For students who routinely use OTC medications for recurrent conditions (i.e. headaches, cramps, reflux etc.) where frequent trips to the Health Center would be burdensome, a small amount of OTC medication may be sent to school with the student if it is listed on the Student Medication List.
- If the parent has any concerns or questions about their child properly taking an OTC medication they should not send it to school with their child and instead have the child come to the Health Center as needed to receive OTC medication from our formulary.
- OTC medications DO NOT require a Prescription Medication Order Form.

**PRESCRIPTION MEDICATIONS:**

- With parental permission, students may self-administer prescription medications, such as antibiotics, as long as they are not for a psychological condition (i.e. ADD/ADHD, Depression, Anxiety, Schizophrenia or Bipolar Disorder) and are not a controlled substance (i.e. a narcotic, tranquilizer or stimulant).
- Students taking prescription medications for a psychological condition (i.e. ADD/ADHD, Depression, Anxiety, Schizophrenia or Bipolar Disorder) or are a controlled substance (i.e. a narcotic, tranquilizer or stimulant) **must receive these medications through the Health Center and adhere to an additional policy called the Deerfield Academy Psychotropic Medication Policy.** If your child takes this type of medication or you are not certain if their medications require this additional documentation, please either call the health center at 413-774-1600 or email [nurses@deerfield.edu](mailto:nurses@deerfield.edu) for further details and instructions.
- For *each* prescription medication listed on the Student Medication List, please ask the prescribing provider to complete and sign the attached Prescription Medication Order Form and mail or fax it to the health center.

- If a parent has any concern about a student's ability to safely self-administer their medication they should ask their prescribing provider whether it is necessary for the child to take the medication while at boarding school.
- Additionally, parents may also reach out to the Health Center about supplying and dispensing the medication through the Health Center. Please understand that the Health Center wishes to be a resource for all our students and while it is our responsibility to administer medications safely, it is not the Health Center's responsibility to make certain a child is taking their medications daily. Parents may always call the Health Center to ask how often a prescription medication supplied by the Health Center has been picked-up or taken by their child.
- Routine prescription medications (i.e. medications that are NOT controlled substances and NOT for a psychologic condition) that are ordered through the Health Center will be filled through the local pharmacy listed below unless it is after hours when an alternative pharmacy will be used. Your child's insurance information will be shared with these pharmacies for billing purposes and parents are responsible for co-pays and other costs not covered by insurance.
- **In order to avoid delays we encourage all families at the beginning of the year to set up an account with an associated credit card at the pharmacy listed below. Call the below number and say your child is going to Deerfield Academy and that you wish to set up an account for them. If there are any questions ask for Lee Kimball the pharmacy manager.**

**Big Y Pharmacy  
237 Mohawk Trail, Route 2  
Greenfield, Massachusetts  
413-774-3858**

**STUDENT MEDICATION LIST**

Student Name: \_\_\_\_\_

**List below ALL medications your child will be taking while at Deerfield Academy  
(attach additional sheets if necessary)**

**Over the Counter Medications:** all non-prescription medications, vitamins and supplements your child takes regularly or intermittently and will have in their possession while at school

Name	Dose	Frequency	Route	Indication/Diagnosis	As needed only?	Comments
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	

**Prescription Medications:** all medications prescribed by a licensed medical provider taken on a regular or intermittent basis while at school. Please have the prescribing provider fill out the Prescription Medication Order Form for each of the below medications. If any of the prescribed medications on the below list are a controlled substance or for a psychologic condition please contact the Deerfield Academy Health and Wellness Center at 413-774-1600 to obtain, review and complete the Deerfield Academy Controlled Substance and Psychotropic Medication Policy.

Name	Dose	Frequency	Route	Indication/Diagnosis	As needed only?	Comments
					Yes/no	
					Yes/No	
					Yes/No	
					Yes/No	

**Student and Parent/Guardian please complete and sign the OTC & Prescription Medication Agreement below:**

I, \_\_\_\_\_, as a Deerfield Academy student, by signing below, have read and understand the Deerfield Academy Over-the-Counter (OTC) and Prescription Medication Policy and acknowledge that:

1. I will only have in my possession and take medication of which my parents are aware and have instructed me on how to properly self-administer OR have been provided to me by the Health Center.
2. I will inform my parents before ordering or buying medications from off campus.
3. I will not misuse or share any medication that has been prescribed, purchased or provided to me.
4. I understand all prescribed controlled substances and psychotropic medications (for example, medication commonly for ADD/ADHD, depression, anxiety, bipolar and others) MUST be dispensed through the Health Center per the Psychotropic Medication Policy.
5. I understand that failure to comply with the Deerfield Academy's OTC and Prescription Medication Policy can result in disciplinary action.
6. I understand the Health Center does not support the use of nutritional supplements and/or performance-enhancing products by our students.

**STUDENT Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

I, \_\_\_\_\_, Deerfield Academy Parent / Guardian, hereby acknowledge that I have read and understand the Deerfield Academy Over-the-Counter (OTC) and Prescription Medication Policy with my child and I agree to comply with the policy as stated. Additionally, I acknowledge that:

1. I have reviewed the Health Center Formulary and medication policy and give permission to health center staff to provide to my child OTC and prescription medications per their clinical discretion.
2. The attached Student Medication List is accurate and I give permission for and have adequately instructed my child in the proper self-administration of all the medications listed.
3. I understand that if any of medications on the Student Medication List are a controlled substance or for a psychological condition they must be distributed through The Deerfield Academy Health and Wellness Center per the separate Psychotropic Medication Policy.
4. It is my responsibility as the child's parent to communicate regularly with my child to determine they are taking their self-administered medication correctly and not having any untoward side effects.
5. If I have any concerns about my child's ability to safely and responsibly take their medication I will immediately arrange to have the medication removed from campus and contact the Health Center.

**PARENT/GUARDIAN Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## DC Chen Health and Wellness Center

DEERFIELD, MASSACHUSETTS 01342

Dear Prescribing Provider,

Your patient is a student at Deerfield Academy. If they will be taking prescription medication while at school, we are required to have a written order from you for each prescription medication they will receive.

***For routine prescriptions (NOT a controlled substance and NOT a psychotropic medication)***, please fill out a separate Prescription Medication Order Form (attached) for each medication and submit it to the DS Chen Health and Wellness Center. The student will be allowed to bring their medication from home and self-administer it while at school with the parent's permission. If these medications need to be filled locally during the school year please prescribe them through the local Big Y Pharmacy listed below. Please send these prescriptions electronically (*ePrescribe*), by mail or by fax to the below pharmacy and include the comment "**DA student**" in the instructions to the pharmacist. Please note there are multiple Big Y Pharmacies in Massachusetts so make certain you choose the Big Y Pharmacy in Greenfield. If you have concerns about the student's ability to safely self-administer the medication please contact us here at the health center.

**For routine prescriptions use:**

**Big Y Pharmacy, Store #63**

237 Mohawk Trail, Route 2

Greenfield, Massachusetts 01301

Phone (413) 774-3858

Fax (413) 774-2009

***For prescribed medications that are psychotropic (i.e. SSRIs, mood stabilizers, antipsychotics) OR controlled substances(i.e. stimulants, benzodiazepines)*** please fill out and submit a separate Prescription Medication Order Form (attached) for each medication and submit it to the DS Chen Health and Wellness Center. These medications are dispensed ONLY through the Health Center either on a day-by-day or week-by-week basis. The student is NOT allowed to bring a supply of these medications from home. Due to state regulations, these prescriptions must be filled and specially packaged by a separate pharmacy called Athol Pharmacy listed below. Please send these prescriptions electronically ("ePrescribe"), by mail or by fax to the below pharmacy and include the comment "**DA student**" in the instructions to the pharmacist.

**For all controlled substances and psychotropic medications use:**

**Athol Pharmacy**

290 Main Street

Athol, Massachusetts 01331

Phone: (978)-830-0427

Fax (978) 830-0430

Thank you for your help. If you have any questions please contact us here at the Health Center.

Sincerely,

Bryant E. Benson MD, FAAP

Director of Medical Services

DS Chen Health and Wellness Center

**DS Chen Health and Wellness Center**

DEERFIELD, MASSACHUSETTS 01342

**Prescription Medication Order Form**

(Physician **must** complete a separate form for *each* prescription medication)

Student Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

(Required by \_\_\_\_\_

State regulation) \_\_\_\_\_

Medication: \_\_\_\_\_

(Include name, route \_\_\_\_\_

dosage, frequency & time) \_\_\_\_\_

Expected Duration: Indefinite Other: \_\_\_\_\_

*If the above medication is a Stimulant, is there any significant family history of cardiac disease: Yes No*  
*If yes, please elaborate:* \_\_\_\_\_

*Are there any side effects associated with the above medication that the student has experienced or you suspect they might experience? Yes No If yes, please elaborate:* \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed please mail or fax to:

**The DS Chen Health and Wellness Center**

**Deerfield Academy, 53 Old Main Street**

**Deerfield, Massachusetts 01342**

**Phone: 413-774-1600**

**Fax: 413-772-1118**