

D.S. Chen Health and Wellness Center

DEERFIELD, MASSACHUSETTS 01342

Psychotropic and Neurologic Medication Agreement

The following is a list of most of the psychotropic medications that have been dispensed in the recent past at the Deerfield Academy Health Center. If you have any questions about a specific medication not on this list, please ask.

medication generic name (Brand Names)		
alprazolam (Xanax)	escitalopram (Lexapro)	olanzapine (Zyprexa)
amphetamine salts in racemic mixture (Adderall)	fluoxetine (Prozac)	paroxetine (Paxil)
	fluvoxamine (Luvox)	risperidone (Risperdal)
amitriptyline. (Elavil, Endep)	gabapentin (Neurontin)	rizatriptan (Maxalt)
bupropion (Wellbutrin, Zyban)	imipramine (Tofranil)	quetiapine (Seroquel)
bupirone (Buspar)	lamotrigine (Lamictal)	sertraline (Zoloft)
carbamazepine (Epitol, Tegretol)	lisdexamfetamine (Vyvanse)	sumatriptan (Imitrex)
citalopram (Celexa)	lithium (Eskalith, Lithobid)	trazodone (Deseryl)
clonazepam (Klonopin)	lorazepam (Ativan)	trimipramine (Surmontil)
desipramine (Norpramin)	methylphenidate (Concerta, Ritalin)	triazolam (Halcion)
dexmethylphenidate (Focalin)	mirtazapine (Remeron)	valproic acid (Depakote, Depakote ER, Depakene)
dextroamphetamine (Dexedrine)	nefazodone (Serzone)	venlafaxine (Effexor)
diazepam (Valium)	nortriptyline (Pamelor, Aventyl)	zolpidem (Ambien)

Students who take psychotropic medications while at school and their parents must read and sign the Psychotropic and Neurologic Medication Agreement below.

I, _____, acknowledge I have read and will comply with the Psychotropic Medication Policy
Print student name

including the following:

- I will pick up my medication according to the dispensing schedule determined by the Health Center staff.
- I will only take my medication according to the prescription directions. If I choose not to take my medication, I will notify the Health Center and return any unused medication to the Health Center.
- I will never have in my possession stimulant medication (e.g., Ritalin, Concerta, Adderall, Focalin, Vyvanse) without explicit permission from Health Center staff.
- I understand that the Office of the Academic Dean, my academic advisor, teaching faculty and dorm faculty may be notified if I take stimulant medication.
- I will not engage in misuse or abuse of my medication, whether it involves other individuals or me.
- I understand that misuse or abuse of my psychotropic medication may result in disciplinary action by the school.
- I understand that psychotropic medication is incompatible with the use of alcohol and illicit drug and could lead to significant injury or death.

Date

Student signature

I, _____, hereby give permission to the Health Center staff to administer medication as
Print parent or guardian name

prescribed to my child. Additionally, I:

- have read and understand the Psychotropic Medication Policy, have reviewed it with my child and will comply with this policy
- Agree not to give my child any psychotropic medication to bring back to school without prior notification and approval of the Health Center Medication Nurse.
- authorize the notification of the Office of the Academic Dean and my child's advisor, teaching and dorm faculty if my child takes stimulant medication; this disclosure is made to allow for appropriate adult supervision of stimulant drugs in the school environment.
- Agree to provide the Health Center with current prescription insurance plan information so that medication can be ordered from the school's pharmacy service.

Date

Parent or Guardian signature