



Phillips Academy
ANDOVER

Rebecca M. Sykes Wellness Center

ALL STUDENTS

Phillips Academy Medication Policy

Phillips Academy developed this Medication Policy with safety of your student and the Phillips Academy community at its center. Families are required to acknowledge and abide by this Policy as indicated by their signatures below.

Any student who is taking any type of medication while on campus – including both day and boarding students – must first inform the Rebecca M. Sykes Wellness Center (the “Wellness Center”) and register the medication with the Wellness Center to ensure relevant Massachusetts regulations and Academy policies are followed, as appropriate. **The required disclosure includes prescription medication, over the counter medications, vitamins, and supplements.**

Most prescription medications must be securely stored and administered by the clinical staff at the Wellness Center, in accordance with relevant regulations and licensure requirements. This includes, but is not limited to migraine medications, psychotropic and controlled medications (i.e. stimulants, antidepressants, anti-anxiety medications, narcotics or sedatives). Over-the-counter medications, vitamins, and supplements may be approved for self-administration in limited quantities, however, those medications and supplements must first be registered and assessed by the Wellness Center staff in accordance with this policy.

Students will be required to take any medication not approved for self-administration at the Wellness Center as dispensed by a member of the Wellness Center’s clinical staff. There will be three windows for medication administration throughout the day. Students will have regularly occurring medication appointments scheduled for them during the registration period depending on their needs. The windows are:

Morning Medication: 7:30am – 8:30am

Afternoon Medication: 1pm – 5pm

Evening/Night Medication: 7:30pm – 8:30pm

If a day student is schedule to take a medication that requires storage at the Wellness Center at a time when the student is on campus, the medication must be administered by the Wellness Center. For ease of reference, please see summary below of key responsibilities under this Policy.

Student's Responsibilities	Parent/Guardian's Responsibilities	Wellness Center Responsibilities
<ul style="list-style-type: none"> • It is the student's responsibility to visit the Wellness Center for the administration of medication as scheduled and to take the medication(s) as prescribed. • Students will not be excused from class or sports to receive medications, except under rare circumstances. • If a student is given permission for self-administration by the Wellness Center, they will be responsible for administering. 	<p>Complete & return the following forms available on the Patient Portal:</p> <ul style="list-style-type: none"> • Medication Order Form: The required medication order written by your healthcare provider that indicates the medication prescribed, dosage and instructions, diagnosis and side effects. • Consent for Prescription Medication & Medication Policy Acknowledgment: Signed by parent/guardian and student (if 18+). Specifies the contact information for healthcare provider who prescribes the medication(s), consent to administer medication to your child and acknowledgment of the Medication Policy. • Consent for OTC Medication Administration & Medication Policy Acknowledgment: Signed by parent/guardian and student (if 18+) to permit administration of over-the-counter medication and supplements, and acknowledgment of Medication Policy. <p>Communications:</p> <p>It is the parent/guardian's responsibility to notify the Rebecca M. Sykes Wellness Center within 48 hours any time a new medication is started, the dosage changes or a medication is discontinued. The following are required for changes in medication orders:</p> <ul style="list-style-type: none"> • An updated medication order form from the prescribing healthcare provider. • An updated consent and acknowledgement form signed by the parent/guardian. <p>Medication Refill: Ensure that a student's medication is refilled and delivered to the Wellness Center in a timely manner.</p> <p>Discontinued Medications: Medications that are discontinued must be picked up within two weeks of the discontinuation date. After two weeks, medication not picked up will be discarded. *</p>	<p>The Wellness Center staff will work with the student to schedule their medication pick up times.</p> <ul style="list-style-type: none"> • Medication dispensing allotments and frequency may be adjusted as needed based on clinical judgment of the Wellness Center Staff. <p>Appointment Reminders:</p> <ul style="list-style-type: none"> • Students who miss their appointments will receive an automated alert from the electronic health record at the end of the appointment time. • Students who fail to present that day for their medication will receive an email with parent/guardian cc'd the same day. • For medications that are deemed higher concern for missing by the clinical team - including but not limited to antidepressants, antianxiety meds – the deans will be notified when an appointment is missed to help find the student at that time and get them into the Wellness Center.

***Medications for School Breaks/ Mailing Medication:**

The Wellness Center cannot mail unused medications to parents and/or students. It is also illegal for a parent/guardian to mail medications to the Wellness Center. It is the parent's and student's responsibility to pick up needed medication for vacation breaks and at the end of the academic year.

Please note that students may be referred to the Dean of Students for an appropriate response if they or their parents fail to abide by this Policy. For example, students could face a conduct response process if they, among other things:

- Share medication with others (this behavior is illegal and medically dangerous).
- Are found to be taking medications that have not been properly reported to the Wellness Center and have a medication administration plan.
- Are holding more than the allowed medication.

****We ask that parents or guardians discuss the importance of resisting the pressure of sharing medications with others, as well as keeping medication(s) in a safe place.**

Should you have any questions or concerns at any time, please contact the Rebecca M. Sykes Wellness Center at 978-749-4455.



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**Consent for Prescription Medication Administration & Medication Policy
Acknowledgment Form**

Student Name: Please Print

Date of Birth

- ☐ I (We) hereby give my consent for the RN/NP/PA/MD staff of the RMS Wellness Center at Phillips Academy to administer the following prescription medications to my student as prescribed by the student's physician/healthcare provider:

Please list all medications below:

1. _____
(Medication Name, Dose & Frequency)
2. _____
(Medication Name, Dose & Frequency)
3. _____
(Medication Name, Dose & Frequency)
4. _____
(Medication Name, Dose & Frequency)

These medications above are prescribed by:

Healthcare Provider:	
Address:	
Phone:	
Email:	

☐ Or, my child does not have any medications.

☐ My child and I (we) have read and agree to comply with Phillips Academy's Medication Policy.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____



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Consent for Over-the-Counter Medication/Vitamin/Supplement Possession & Medication Policy Acknowledgment Form

Student Name: Please Print

Date of Birth

- ☐ I (We) hereby give my consent for my student to possess and self-administer a small supply of the following over the counter/vitamin/supplement medications:

Please list all medications below:

1. _____
(Medication Name, Dose & Frequency)
2. _____
(Medication Name, Dose & Frequency)
3. _____
(Medication Name, Dose & Frequency)
4. _____
(Medication Name, Dose & Frequency)

☐ Or, my student does not take any over-the-counter/vitamin/supplement medications.

☐ My child and I (we) have read and agree to comply with the complete Phillips Academy's Medication Policy.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____