



Medications will be available for pick up only during the Student Health Center – Danforth Campus (SHC) Hours of Operation. You or your representative must provide a picture ID to pick up your medication. SHC will keep a record of received medications, and you or your representative will need to sign a log when medication is picked up. **When you no longer wish to have medication shipped to SHC, you must contact the supplier of the medication to change the shipping address. SHC will not ship any medications. SHC reserves the right for any reason to stop or suspend this program.**

**Consent Agreement and Release for Acceptance and Storage of a Medication Prescribed by a Non-SHC Provider**

1. I, \_\_\_\_\_ (patient name), \_\_\_\_\_ (student ID), being 18 years of age or older, hereby consent and authorize SHC staff to accept receipt of and store the medication \_\_\_\_\_ (name of medication). In requesting SHC staff to receive and store my medication, I understand and agree to the following conditions:

- a. SHC does not supply my medication and is not responsible for maintaining a supply of my medication. I am responsible for all communications with the prescribing provider and the supplier of my medication, and I am responsible for ensuring that there is an adequate supply of my medication.
- b. I am responsible for arranging shipment of my medication to the SHC.
- c. I am responsible for alerting SHC of my incoming medication shipment via email to SHCNursing@wustl.edu.
- d. **Shipments can only be received Monday-Friday 10 am to 4pm.** No shipments are accepted when the clinic is closed. The clinic is closed on Saturday, Sunday and all University Holidays and closed days.
- e. It is my responsibility to change the shipping address with the supplier of my medication for shipment of all my medications and supplies during holiday periods, break times, and semester breaks if I need to continue the medication elsewhere during those times.
- f. I agree that SHC staff may properly dispose of medications that were not picked up within 12 months of receipt.

g. Receipt and handling of medications by a third party presents risk, including but not limited to spoilage, theft, loss, or other unexpected damage to my medication. In consideration for the SHC's agreement to receive and handle my medication free of charge, I agree to assume all risks involved with this activity.

**h. WAIVER AND RELEASE OF LIABILITY**

I, for myself and on behalf of my heirs, executors, administrators, and members of my family, release and hold harmless SHC administrative and clinical staff, and any and all officers, employees, agents and governing board members of Washington University in St. Louis and the University, from all liability, claims, costs, expenses, injuries, and/or losses that I may sustain as a result of my request that SHC provide this service, including the losing, mishandling or damaging my medication, whether or not as a result of the negligence of SHC or its staff.

2. I have carefully read this consent agreement, understand its contents, and am fully informed about the above-described risks. In signing below, I also allow SHC to keep a copy of this consent form for record keeping purposes.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Patient's Student ID

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Phone Number

\_\_\_\_\_  
Date Signed

**Once signed, please login to the Student Health Portal and select "Downloadable Forms" from the menu and select "Upload" under the "Consent to receive and store refrigerated medication" section.**

**Upon review of your uploaded document, we will send you a Secure Message in the Student Health Portal with any further instructions.**