



Student Health Center

1300 Badger Street Suite 1030
La Crosse, WI 54601
Phone 608.7855115
Fax: 608.7858746
shcnetwrokin@uwla.edu
www.uwla.edu/studenthealthcenter/

Medication Consent

The UW-La Crosse Student Health Center would like to assist students in receiving and temporarily storing medication that must be shipped directly to a clinic. It is your responsibility to arrange shipment of your medication to the Student Health Center. To accomplish this, you will need to complete the below consent agreement. By requesting this service, you agree that the Student Health Center is not responsible for spoilage, breakage (we do not inspect packages sent here) loss, or theft of the medication/supplies.

Medication will be received during business hours at the Student Health Center.

Medications that require refrigeration will be stored in a refrigerator with a temperature monitoring system. Medical supplies that do not require refrigeration will be available for the student to pick up at the Student Health Center front desk. All medicines/supplies you consent to being delivered to the Student Health Center can be picked up using your Student I.D.

Events outside our control like a power outage, that causes refrigerator temperatures to increase or decrease out of expected range could damage the integrity of the medication which means it would need to be destroyed. It will be at your expense to replace it. If your medication expires before you pick it up, it will be discarded per UW-La Crosse [policy](#).

When your medicine/medical supplies arrive, you will be notified by the Student Health Center via your UWL health portal that the medication you requested be delivered has arrived. At that point, you will be granted 3-5 business days to pick up your medication/supplies. If your medication is not picked up within this timeframe, it will be discarded per UW-La Crosse [policy](#).

IMPORTANT: We will not accept ANY controlled substances/stimulants.

I have read the above information regarding storing medication at UW-La Crosse, Student Health Center.

I acknowledge that a signed electronic copy of this will be scanned into my student portal.

Student

Printed Name _____ Date _____

Signature _____

Student Health Center

Printed Name _____ Date _____

Signature _____