



SCHOOL OF NURSING AND ALLIED HEALTH (SONAH)  
**Scheduled Medication Exception Form**

In order to uphold the highest standards of the nursing profession, the WKU SONAH has adopted a drug-free environment. Students are required to submit to drug testing prior to the start of the program and at random intervals throughout the program. **Students seeking an exception to the drug free policy must have this form completed and faxed to the WKU SONAH (ASN 270-780-9419, BSN 270-745-3392) at the time they START use of any scheduled medication.** Student who test positive for controlled substances at any point in time who do not have a current exception form on file with the WKU SONAH may be dismissed from the nursing program.

NOTE: Students who test positive for controlled medication use more than 30 days after the completion of the expected duration of the treatment will be considered in violation of the drug free policy. If a condition lasts longer than originally anticipated, a new form with an updated expected duration must be filed with the WKU SONAH.

**Release of Medical Information**

I wish to release medical information concerning my use of controlled substances to WKU SONAH. I authorize my health care provider to complete the form below and send this information to the WKU SONAH. I also authorize my health care provider to discuss my care with the Medical Review Officer for WKU Health Center or the Director of the SONAH. I authorize my health care provider to fax this form to the appropriate number above, Attention Medical Records.

\_\_\_\_\_  
Student Signature Date

**The remainder of this form must be filled out by the clinician prescribing controlled substances for this student.**

Student's Name: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_

State Licensure #: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_ Clinician's phone #: \_\_\_\_\_

The person named on this form is requesting an exception to the WKU SONAH drug free policy. Exceptions may be granted for limited time use of scheduled medications when deemed medically necessary for the student's health, if use of the medication will not place the student or their patients at risk of injury.

Diagnosis requiring use of controlled medications  
\_\_\_\_\_

Initial Date of Diagnosis: \_\_\_\_\_ Date of last clinical contact: \_\_\_\_\_

Expected duration of medical condition requiring treatment with scheduled medications is:

- Long term: greater than 60 days
- Short-term 30-60 days
- Temporary: less than 30 days

**Student Medications:**

Please list the controlled medications that YOU have prescribed for this student:

Medication	Dose	Frequency

**1. Can use of this medication impair the student’s judgment, memory, balance, ability to drive, or ability to safely provide care to patients in a hospital or other clinical setting?**

- No – go to question 4.
- Yes - go to next question.

**2. If yes, can this student be medically treated with a non-scheduled medication?**

- No – go next question
- Yes - if a non-scheduled medication will be used, then student will not need to file a form with the WKU School of Nursing.

**3. If use of a scheduled medication is absolutely necessary, can medication use be limited to times when it will not affect the student’s ability to drive or participate in clinical practice without harming the student’s health?**

- No
- Yes - Please describe plan for safe use of scheduled medications.

**4. Do you as a health care provider feel this student will be safe to practice in a clinical setting while taking the medications as prescribed?**

- No – Student should be allowed to attend class and lab sessions but not participate in clinical practice at this time.
- Yes - Student can safely be allowed to participate in clinical practice.

Health Care Provider Name and title –PLEASE PRINT \_\_\_\_\_

Office Address \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Only health care providers licensed in United States may prescribe controlled substances for WKU nursing students. Students should go to WKU Health Services Center for assistance if they do not have a licensed health care provider. Fax Completed Form to the **appropriate Nursing Dept’s** fax number on previous page, Attention Medical Records.