|  |  |  |
| --- | --- | --- |
|  | THE UNIVERSITY OF WEST ALABAMA | REVISED 07/15/18 |
| Student Athlete's Medication Notification Form | |

All prescription medicine that you may need to take must be listed on this form. Examples are Anti-Inflammatory, Asthma Inhalers, Attention Deficit Disorder, and Diabetic Medication, or Allergy Medication.

|  |  |  |
| --- | --- | --- |
| I, |  | , understand that if these medications |

|  |  |  |
| --- | --- | --- |
|  | (First) (Middle) (Last) |  |
| are a necessity for me to participate that I need to provide the UWA Athletic Training & Sports Medicine Staff with the medication and a copy of the prescription for review and documentation.  Please list medication taken below: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Medication #1** | **Medication #2** | | **Medication #3** |
| **Name** |  |  | |  |
| **Dose** |  |  | |  |
| **Frequency** |  |  | |  |
| **Reason** |  |  | |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| **Student Athlete’s Signature** | | |  | **Date** |
|  | | |  |  |
| **Parent's Signature (if under 19)** | | |  | **Date** |