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|  | 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.

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

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|  |  (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: |

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