

Gardner-Webb University Athletic Training  
Student-Athlete Prescription Disclosure Form

Student-Athlete's Printed Name: \_\_\_\_\_

By completing this form I am disclosing any and all prescription medications that I am currently taking. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I take a prescription medication not prescribed to me, regardless of the reason or purpose for taking the prescription medication.

The NCAA does not accept ignorance as an excuse following a positive drug test for a banned substance. Before taking or using any prescription medication please make sure the Athletic Training Staff has an up-to-date list of the prescription medications that you are on. Depending on what medication you are prescribed you might need to acquire more information from the prescribing doctor to justify the need for that particular medication. Upon receiving completed document, the Athletic Training staff may be in touch with you to acquire additional supporting documentation.

Date	Medication	Physician	Diagnosis
1.			
2.			
3.			
4.			
5.			

Please initial if not currently taking any prescription medications: \_\_\_\_\_

Prescribing Physician's Name, Address, and Phone Number:


I understand the statements in this form, and have had all questions about the information in this form answered to my satisfaction.

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date