

 <p><b>GEORGIAN COURT UNIVERSITY</b> <i>A tradition of excellence...a future of success</i></p>	<p><b>Office of Athletic Training</b> 900 Lakewood Avenue Lakewood, NJ 08701 Office: 732-987-2687 Fax: 732-987-2031</p>
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### Medication / Supplement Registration Form

The Office of Athletic Training maintains medical records for all of our patients. All student-athletes and dancers are required to register, in writing, prescription medications, over-the-counter medications, and dietary supplements. This form is to be used for such purposes. This form must be completed prior to your initial clearance for participation, and should also be used to report updates / changes as necessary.

Name of Medication / Supplement	Dosage	Rx Med, OTC Med, or Nutritional Supplement	Method of Administration (i.e. by mouth, injection, etc)	Frequency (how often do you take this substance?)	What date did you begin taking this substance?	Name of Prescribing Physician (Required for Rx meds only)	Did you include a copy of the prescription or label? (Required for Rx meds only)	Did you check this medication on the Resource Exchange Center?
							Y or N	Y or N
							Y or N	Y or N
							Y or N	Y or N
							Y or N	Y or N
							Y or N	Y or N
							Y or N	Y or N
							Y or N	Y or N

- Check this box if you are not taking any prescription medications
- Check this box if you are not taking any over-the-counter medications
- Check this box if you are not taking any nutritional supplements

**DID YOU KNOW...?** The National Center for Drug Free Sport sponsors the Resource Exchange Center, a free and confidential website & hot line to answer your questions about dietary supplements and banned substances: [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec) log-in under "Division II" and use the pass code "ncaa2". Or call 1-877-202-0769.

By signing below I acknowledge that I have provided the information above and that to the best of my knowledge it is accurate and complete. I also understand the importance of keeping this information updated regularly, and will notify the Office of Athletic Training in writing, of any changes to this information.

\_\_\_\_\_  
**Signature of Student-Athlete or Dancer**
\_\_\_\_\_  
Date

\_\_\_\_\_  
 Printed Name of Student-Athlete or Dancer

\_\_\_\_\_  
 Parent / Guardian's Signature (if minor)
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Date

\_\_\_\_\_  
 Parent / Guardian's Printed Name (if minor)