Howard County

MEDICATION FORM

This form can be completed by adult athlete, parent, guardian, or caregiver. Please use pen and print.

Name	Date of Birth	Sex	Height	Weight
		[ ]Male [ ]Female		

Street Address	Phone Numbers	Emergency Contact
	Home:	Name:
	Work:	Relation:
	Mobile:	Phone:

Allergies (Please describe reaction)		

Doctor/Dentist/Other Precriber's Name	Phone Number	Type of Practitioner/Reason Seeing

Pharmacy Name	Phone Number	Immunizations (Date of Last Dose)
		Tetnus:
		Pneumonia Vaccine:

Additional Information/Comments	
	Flu Vaccine:
	Hepatitis Vaccine:
	Other:

List all tablets, patches, drops, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medication you take only on occasion.

Medication	Dose	How & How Often Taken	Reason for Taking	Date Started

Please copy this form if additional space is needed to list all your medications. Please check here [ ] if additional page(s) is/are attachded.
Please be sure to include your name on the additional page(s).