ADD/ADHD Medication Exemption Information

Primary Care Physician/Health Care Provider:

The student-athlete presenting this form to you plans to or already participates in intercollegiate athletics at Montclair State University. Our institution is governed by the rules and regulations of the NCAA. The NCAA bans the use of some stimulant medications, which may include the treatment of Attention Deficit/Hyperactivity Disorders. NCAA legislation involves collecting documentation to support a request for a medical exemption for those student-athletes diagnosed/treated for ADD/ADHD utilizing specific medication which may be banned by the NCAA.

In order to show compliance with this legislation, we are asking our student-athletes to take this letter to their primary care physician/health care provider to fill out and to provide the following information in order to continue/begin their NCAA participation while also continuing to take their ADHD/ADD medication.

Examples of NCAA Banned-Drug Medication: Amphetamine, Atomoxetine, Dexamphetamine, Dextroamphetamine, Methamphetamine, and Methylphenidate.

For additional information, please visit the following websites:
www.ncaa.org/health-safety
www.drugfreesport.com

- Please attach a brief summary of the comprehensive clinical evaluations used to diagnose this student-athlete with ADHD/ADD (reference DSM-IV criteria) and any supporting documentation.

- Please attach note-worthy alternative non-banned medications that have been tried or considered and why they were not utilized.

- Please attach any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries.

If available, please provide copies of the following:
- ADD/ADHD symptoms by other health care providers
- Any psychological testing results
- Laboratory/testing results helping to diagnose ADD/ADHD
- Previous ADD/ADHD diagnosis summaries not completed/diagnosed by the current physician
Attention Deficit/Hyperactivity Disorder (ADD/ADHD) Medication Exemption Form

Student/Athlete’s Name: ________________________________ Date of Birth: ____________

Date of Initial Evaluation: ________________ Date of Most-recent follow-up: ________________

Clinical Evaluation/Diagnosis (Attach Supporting Documentation):

________________________________________________________________________________________

ADHD Rating Scale(s) (Attach Supporting Documentation):

________________________________________________________________________________________

List prescribed ADHD Medication – Name/Dosage (NCAA requests a copy of the present prescription be on file at MSU):

________________________________________________________________________________________

________________________________________________________________________________________

Have alternative non-banned medications been considered?

________________________________________________________________________________________

________________________________________________________________________________________

Name of Physician: ________________________________ Specialty: ________________________________

Address: ______________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Physician Signature: ________________________________ Date: ________________

Student-Athletes: Please complete and sign the following;
I, __________________________________________, give ____________________________ permission to release all information regarding my treatment for ADD/ADHD to the Montclair State University Athletic Training and Sports Medicine Staff and the NCAA. This authorization will be valid for one calendar year from the date below. I may revoke this authorization at any time by submitting a letter in writing to a member of MSU AT/SM staff, understanding that all information released prior to my revocation is excluded. My signature below indicates that I have read and understand the above statement.

Signature: ________________________________ Date: ________________

Parents/Guardian Signature: ________________________________ Date: ________________
(If under 18 years old)