



## Medication Authorization

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Sport(s): \_\_\_\_\_ DOB: \_\_\_\_\_

This letter is for the authorization of medications to be given to DULUTH Student Athletes. Please check if the athlete is able to take these medications. If athlete cannot have these medications, please write an explanation at the bottom of the page.

\_\_\_\_\_ Advil (ibuprofen)

\_\_\_\_\_ Tylenol (acetaminophen)

\_\_\_\_\_ Aleve (naproxen sodium)

\_\_\_\_\_ Pepto-Bismol/TUMS (bismuth subsalicylate)

\_\_\_\_\_ Heat Guard (electrolytes)

\_\_\_\_\_ Benadryl (diphenhydramine HCL) – for allergic reactions

**List any other medications that you may wish to be provided:**

\_\_\_\_\_

## PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_

*These authorizations are effective until such time that the signee submits a written and dated revocation of this document.*

*Gwinnett Medical Center*

1000 Medical Center Boulevard | Lawrenceville, GA 30045 | 678-312-4321 | [gwinnettmedicalcenter.org](http://gwinnettmedicalcenter.org)