



## NCAA DRUG TESTING EXCEPTION POLICY

### USE OF STIMULANTS TO TREAT ADD/ADHD

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are common neurobehavioral disorders of childhood that can persist through adolescence and into adulthood. The most common medications used to treat ADD/ADHD are methylphenidate (Ritalin®) and amphetamine (Adderall®), both which are banned under the NCAA class of stimulants.

Recently, the NCAA has updated their policy regarding medical exceptions of banned drug classes. The NCAA bans performance enhancing drugs to protect the health and safety of student-athletes, and to ensure a level playing field. The NCAA also recognizes that some of these substances may be legitimately used as medication to treat student-athletes with ADD/ADHD and other medical conditions. The current policy can be found at: [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety).

**PLEASE ANSWER THE FOLLOWING QUESTION(S), INITIAL AND SIGN BELOW:**

HAVE YOU BEEN DIAGNOSED AS HAVING ADD/ADHD? ☐ YES ☐ NO

**IF YES:** ARE YOU CURRENTLY ON MEDICATION(S) FOR TREATMENT OF ADD/ADHD? ☐ YES ☐ NO

**IF YES:** MEDICATION(S): \_\_\_\_\_

DOSE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

\_\_\_\_\_ I have been informed of the NCAA drug testing exception using stimulants to treat ADD/ADHD.

\_\_\_\_\_ I understand that I am responsible for notifying the Sports Medicine staff and the Athletic Department representative for compliance with regards to my current medical status and need for any NCAA drug testing medical exception.

\_\_\_\_\_ I understand that it is my responsibility to provide the College of the Holy Cross Sports Medicine Department with all required documentation related to the treatment of my condition or any such conditioning that could arise during time as a student-athlete at Holy Cross.

**TO BE CONSIDERED FOR MEDICAL EXCEPTION FOR A MEDICATION THAT CONTAINS A BANNED SUBSTANCE, THE STUDENT-ATHLETE MUST PROVIDE THE FOLLOWING REQUIRED DOCUMENTATION FROM THE PRESCRIBING PHYSICIAN:**

- ☐ DOCUMENTATION OF THE DIAGNOSIS AND HOW IT WAS REACHED THROUGH DIAGNOSTIC TESTING
- ☐ DOCUMENTATION OF THE TREATMENT PROCEDURE, NAME OF MEDICATION AND DOSAGE INFORMATION AND A COPY OF THE CURRENT PRESCRIPTION
- ☐ STATEMENT THAT THE STUDENT-ATHLETE'S MEDICAL HISTORY EXHIBITS A NEED FOR REGULAR USE OF THE DRUG
- ☐ LIST OF ALTERNATIVE NON-BANNED MEDICATIONS FOR THE TREATMENT OF THE CONDITION THAT HAVE BEEN TRIED/CONSIDERED
- ☐ STATEMENT THAT THE STUDENT-ATHLETE AND PRESCRIBING PHYSICIAN AGREE THAT THERE IS NO OTHER APPROPRIATE ALTERNATIVE MEDICATION TREATMENT AVAILABLE

PRINT NAME OF STUDENT-ATHLETE: \_\_\_\_\_ SPORT: \_\_\_\_\_

SIGNATURE OF STUDENT-ATHLETE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME OF PARENT/ GAURDIAN (if minor): \_\_\_\_\_

PARENT/GAURDIAN SIGNATURE (if minor): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_