
Cherokee County DUI/Drug Court

MEDICATION APPROVAL FORM

Participant Name: _____

I am requesting permission to take the following medications (*attach copies of any prescriptions*):

Medication Name	Dosage	Approved	Approval Expiration Date

I have completed a medical provider advisory form and provided a copy to the DUI/Drug Court Office.

I understand that I must take any prescription medication exactly as prescribed. Any changes to my prescription must be approved by the DUI/Drug Court office.

I understand that I may not consume or possess any prescription medication after the approval expiration date. If I have remaining medication after the approval expiration date, I *must* dispose of it.

My Clean by Date is _____. *I will report for drug testing on this date regardless of being selected for testing or not.* I understand any positive screens that occur after this date will be treated as a positive and I will be sanctioned.

Participant Signature

Date

Program Coordinator/Treatment Provider

Date