

BERRIEN COUNTY DRUG TREATMENT COURT

MEDICATION AND TAMPER CONTRACT

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detailing those medications that I may consume	, have received and during my participal	nd read the Approved Medications List tion in the Drug Treatment Court.
MEDICATION POLICY ❖ I understand that I cannot consume medi ❖ I understand that I must have permission Officer before consuming any medication ❖ I agree to not consume any herbal product products. ❖ When seeking medication, I agree to advenarcotic, non-addictive, and non-mood-a ❖ I understand that if I fail to get permission Officer before consuming any unapprove ❖ Listed below are the medications that I a Treatment Court Case Manger and/or Pro-	cations that are not of from my Drug Treatns. cts, vitamins, over-the rise medical personnultering medication. on from my Drug Treatne medication, I may m currently taking the	on the Approved Medication List . Atment Court Case Manger or Probation ne-counter substances, poppy seeds or diet el of my situation and the need to take non- eatment Court Case Manger or Probation be sanctioned by the court.
Medication	Dosage	Prescribing Physician
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 time required by the Drug Treatment I understand that the Drug Treatment specimens that are reported as being include incarceration. 	Court. t Court has a Zero T possible tampers and specimens that are re rged from the Drug	d may sanction me. I understand sanctions sported as tampers over a given period of Treatment Court.
I,	have related the description have related to the harden discharge from the description have related to the description have related to the harden description have related to the description have related to the harden description has been described by the harden description have related to the harden description has been described by the harden description have related to the harden described to the harden description have related to the harden	ead, understand and agree to abide by these in the Berrien County Drug Treatment
Participant's Signature		Date
Witnessed By		