

# Augusta Judicial Circuit

## Accountability Courts



James H. Ruffin, Jr. Courthouse  
735 James Brown Blvd., Suite 2200  
Augusta, GA 30901

James G. Blanchard, Jr.  
SUPERIOR COURT JUDGE

Elaina Ashley, Coordinator  
(706) 823-4424

### Medication Request Authorization Form

RE: \_\_\_\_\_  
Name of Participant

I acknowledge receiving a list of approved medications.

I understand that I must have permission from the drug court coordinator before consuming any medications that are not indicated on the approved medications list.

I will keep the drug court coordinator fully advised of all medications I am taking even if they are over the counter or are on the approved medications list.

I will not consume any herbal products, vitamins, over-the counter substances, or diet products, without the prior written approval of the drug court coordinator. Synthetic substances are strictly prohibited.

I will not consume any product that may contain poppy seeds.

When seeking medical or dental treatment that results or may result in receiving a prescription for medication, I will provide my doctor, dentist or medical personnel a *Notice to Medical Professions* form and advise medical staff of my addiction and the need to take only non-narcotic medication.

I understand that if I fail to get permission from the drug court coordinator before consuming any unapproved medication, I will be sanctioned by the court.

Listed below are the medications that I am currently taking that have been approved by drug court coordinator.

MEDICATION	DOSAGE	PRESCRIBING PHYSICIAN (If Applicable)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Drug Court Coordinator's Signature

Date: \_\_\_\_\_

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## DRUG COURT APPROVED MEDICATION LIST

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To: ALL DRUG COURT PARTICIPANTS

From: DRUG COURT PROGRAM

RE: MEDICATIONS

The following list has examples of medications you may be permitted to take while participating in the drug court program. Before consuming any type of medication, you must get permission. Prior to possessing any prescription medication, full disclosure of that medication must be given to the drug court coordinator / clinical treatment director and permission must be granted prior to possessing/taking any prescription medication.

Advil	Covera	Meclomen	Pamprin	Tofranil
Alavert	Cytoxan	Medrol	Parnate	Toradol
Albuterol	Depovera	Mellaril	Paxil	Triavil
Aleve	Desyrel	Metamucil	Penicillin	Trilafon
Alka-Seltzer	Difulcan	Metrogel	Pepsid	Tums
All Antibiotics	Dilantin	Metronidazole	Pepto-Bismol	Tylenol
Allegra	Dolobid	Miacalcin	Peridex	Vick's Vapor Rub
Amoxicillin	Effexor	Milk of Magnesia	Prevacid	Vivactil
Anaprox	Entex	Monistat	Prilosec	Wellbutrin
Antabase	Eskalith	Motrin	Prolixin	Xalantan
Aspirin	Flagyl	Mylanta	Prozac	Zantac
Bactrim	Flonase	Naltrexone	Risperdal	Zoloft
Benadryl	Fluconazole	Naprosyn	Robitussin [No D Formula]	
Bextra	Haldol	Nardil	Rolaids	Zyrtec [No D Formula]
Breonesin	Ibuprofen	Navane	Seldane	
Bu Spar	Kaopectate	Neurotin	Serentil	
Bufferin	Lexapro	Norpramin	Serzone	
Celebrex	Lithonate	Norvasc	Stelazine	
Celexa	Lithotabs	Novenidazol	Surmontil	
Cinobac	Loratadine	Nuprin	Tavist-1	
Claritin	Loxitane	Orthonovum	Tegretol	
Cogentin	Ludiomil	Orthoxicol	Theraflu	
Compazine	Maalox	Pamelor	Thorazine	

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Participant's Signature

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Drug Court Coordinator's Signature

Date: \_\_\_\_\_