

Approved Medication List

The following over-the-counter medications may be taken without prior approval. If you are *prescribed* a medication, you must still fill out a medication request form. You may only take these *specific* medications as directed! Keep in mind, it is *your* responsibility to make sure you **don't test positive**. If you have doubts, ask your pharmacist, medical provider, or supervision officer.

Pain

Ibuprofen (Advil, Motrin)  
Acetaminophen (Tylenol)  
Naproxen (Aleve)  
Aspirin  
Midol (any kind)

Cold and Flu

Comtrex Max Strength Cold  
Dayquil (liquid or liqui-caps)  
Alka-Seltzer Plus Cold  
Robitussin DM

Sinus and Congestion

Sudafed PE  
Mucinex DM

Allergy

Sudafed PE  
Benadryl Allergy  
Benadryl Allergy & Cold  
Claritin (*NOT Claritin D!*)  
Loratadine

Stomach

Pepto-Bismol  
Pepcid AC  
Prilosec  
Tagamet HB  
Tums  
Mylanta  
Maalox  
Imodium AD

*I understand that by signing this form, I am approved to take only the above medications without special request. Furthermore, I understand that any other over-the-counter or prescribed medications must be approved via a Medication Request prior to taking them.*

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 Signature of Participant

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 Date