## NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS IN THE COURT OF CENTRAL JURISDICTION

## NOOJIMO'WIIGAMIG INAAWANIDIWAG (Family Healing to Wellness Court)

District 1		District 2		District 3
In the Matter of:			Case File No	
	Minor Child(ren).		PHYSICIAN AND PHARM CONDITIONS	ЛАСҮ
	Parent/Guardian. 			

I understand and agree to the following conditions:

Initial here.

 1.	I shall designate a primary physician to my case manager. Other than emergency situations, no other physician, physician's assistant (PA), or family nurse practitioner (FNP), outside of my primary physician's office may be seen without a written referral from my primary physician.
 2.	I shall take all medications prescribed by my physician in the manner and quantity as di- rected by my physician.
 3.	I shall keep all medications in their original container unless I have been given permission by my case manager to use a daily pill box or its equivalent.
 4.	I shall make known to my case manager all medications prescribed the same day the med- ications are prescribed
 5.	I shall sign all medical release forms allowing my case manager and other Family Healing to Wellness Court team member to have an open line of communication with my primary phy- sician and any other medical professional to whom I may be referred.
 6.	I shall designate a single pharmacy to my case manager that shall be used to dispense all medications. No other pharmacy may be used without prior approval of my case manager.

## 7. I shall personally retrieve all of my prescribed medications from my designated pharmacy.

- 8. I shall not retrieve medications for any other person without prior approval of my case manager.
  - 9. These Physician and Pharmacy Conditions have been read aloud to me and I understand what they mean.

The above conditions are mandatory and ordered by the Court.

Parent/Guardian/Custodian's Signature

Parent/Guardian's Attorney's Signature

Judge/Special Magistrate

Date

Date

Date