FLORIDA DEPARTMENT OF JUVENILE JUSTICE

EPISODIC (FIRST AID/EMERGENCY) CARE LOG

Facility Name: _____

Month/Year: _____

Date	Name of Youth	DJJID	Injury/Emergency/ Illness	Treatment Rendered	Nurse Initials	REFERRED TO:		
						RN/LPN	MD/APRN/PA	Off-site MD/ Hospital

FORM HS 009
PAGE 1 OF 1