



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

**REPORT OF ON-SITE HEALTH CARE
BY NON-HEALTH CARE STAFF FORM**

Youth's Name:

Date/Time of Care: /

DJJID:

Printed Name of Staff Member:

Signature of Staff Member:

I. Instructions:

Direct care and custodial staff who administer first aid/emergency care may document that care on this form. This form is not to be used to document routine administration of ongoing prescription medications or over-the-counter medication administration for minor complaints. **This form must be filed in the chronological progress notes of the youth's Individual Health Care Record. If health care staff are available on-site part-time, these forms may be collected and given to health care staff at regularly scheduled hours for their review.**

II. Youth Information:

Is youth on Medical Alert? ☐ No ☐ Yes

Youth's allergies (list): _____

III. Nature of Youth's Complaint (briefly describe):

IV. Over-the-Counter Medication Given (if any, please list medication and dosage):

V. Other Care Given (if any):

VI. Other Action (May check more than one box):

Placed on Medical Alert
Sick Call Placed
After-Hours MD, PA, or APRN Consulted by Phone
Taken to ER by Staff

Taken to ER by ambulance (EMS)
No further Action Required
Other:

VII. Parental Notification

Parent/Guardian contacted by phone and informed of youth's complaint and treatment received.

Name of Parent/Guardian:

Date/Time Informed:

Parental Notification not required.

Parent/Guardian called/Unable to contact.

Signature of Staff Member Providing Care

Printed Name

Date/Time of Care

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Rule 63M-2.0035, F.A.C.

December 2023