



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

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 Medical Classification (if known): 1 2 3 4 5
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 | Taken to ER by Staff |
| Placed on Call-out to see Nurse | Taken to ER by ambulance (EMS) |
| After-Hours Nurse Consulted by Phone | No further Action Required |
| After-Hours MD, PA, or ARNP Consulted by Phone | |

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.

Parental Notification of Health Related Care mailed. (Copy placed in record.)

Signature of Staff Member Providing Care

Printed Name

Date/Time of Care