



# Florida Department of Juvenile Justice

## NON-LICENSED STAFF MEDICATION RECORD (For Youth During Transport)

*This form is to be completed for all youth transported off-site, who are prescribed medications that must be taken during transport. It must be completed by the non-licensed staff member who is trained in Youth Assisted Self-Administration of Medication.*

**IF DURING TRANSPORT MEDICATION IS REQUIRED MORE THAN TWICE: REQUIRES LISTING OF MEDICATION TO BE REPEATED.**

I received training in Youth Assisted Self Administration of Medication.

Originating Facility Name and Phone Number: \_\_\_\_\_

Date of Transport: \_\_\_\_\_

Youth Name: \_\_\_\_\_ DJJ#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Medication	Directions on prescription, including frequency/strength/quantity and time last dose given.	Date/Time Medication Self Administered	Initials of Staff Witnessing Self Administration	Date/Time Medication Self Administered	Initials of Staff Witnessing Self Administration

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_