

**MDHS/DYS Training School
Oakley and Columbia Campuses
Off Campus Transport Form – VII.7.A**

Youth Name _____ Date of Transport _____

Sex of Youth: Male Female

Staff Escort _____ M/F Staff Escort _____ M/F

Note: Attach appropriate documentation

1. Destination: Name of Location _____
Street Address _____
Contact Person _____ Phone # _____

Time of Departure _____ Time of Arrival _____

Time of Departure _____ Time of Return _____

2. Restraints: *If no restraints used mark N/A*

Handcuffs _____ Leg Irons _____ Transport Belts _____ N/A _____

3. Reason:

Parole _____ Court Order _____ Medical _____

Authorized Leave _____ Emergency Evacuation _____ Home Visit _____

Placement _____ Extra Curricular Activity _____

4. Notes/Comments:

5. Authorization: _____

Facility Administrator Date

6. Notification: Date of Notification _____

Youth's Home County Court _____ County Judge _____