

**Mississippi Department of Human Services
Division of Youth Services
Medical Services**

Medical Transportation Instructions

Name: _____	Date: _____
DOB: _____ Living Unit: _____	Nurse Completing Form: _____

Juvenile Correctional Officer (JCO) and/or Security Officer

<input type="checkbox"/> Youth is being transported to off-grounds Health Care Provider. <ul style="list-style-type: none">▪ Name of Health Care Provider: _____▪ Address/Location: _____▪ Telephone Number: _____▪ Appointment Date: _____ Appointment Time: _____ Time to Leave Facility: _____▪ Directions: _____
<input type="checkbox"/> Youth is being transported to: _____
Comments: _____ _____ _____

Medical Precautions and Instructions <ul style="list-style-type: none">▪ Specific precautions or instructions to be taken by transporting officer while en route: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: _____ _____▪ Always use Standard Precautions when Transporting Youth▪ Youth leaving the campus must be brought to clinic for a brief assessment▪ Youth returning to campus must be brought to clinic with the completed consult form for a brief assessment
