

**GEORGIA DEPARTMENT OF JUVENILE JUSTICE
Office of Health Services**

Youth Medical Services Orientation Form

During the first week you are admitted to _____, the medical staff will ask you about your health history, you will be given immunizations that are needed and blood work will be done, if needed. You will have a physical examination done by the doctor, nurse practitioner or physician assistant. Cooperate fully with the medical staff by giving honest information. They are here to help you. All medical information that you give the medical staff will be kept confidential in most cases.

If you become sick and want to be seen by the Medical Department, Dental Clinic or Mental Health Department, you should do the following:

1. Get a Help Request Form from any of the designated areas in the facility.
2. **FILL OUT THE TOP** of the form (be sure to be specific as to what your needs are).
3. Put your completed Help Request form in the locked Help Request box.

The medical staff will collect all Help Request forms daily. A nurse will review your Help Request and you will be scheduled to see a staff member from the service you requested according to your medical, dental, mental health, or counseling needs.

DO NOT pretend to be sick or injured when you are not.

If you have a chronic medical problem, you will be monitored as needed by the medical staff. A chronic condition can be asthma, high blood pressure, diabetes, seizures, heart problems or others. If you have a medical problem, the nurse will call and verify this problem with your parent/guardian.

If you need medication or bring medication with you, the doctor must approve these medications before they are given to you. If the doctor approves the medication, it will be given to you as prescribed. Take all medications given to you according to directions.

DO NOT try to hide or save medications, and **DO NOT** give your medications to someone else. If you are found to be doing this, your medications will be crushed or given to you in liquid form.

You have the right to refuse medical treatment. You must sign a refusal form each time when refusing to follow the doctor's orders for medications, treatments, procedures or test. Your counselor, parent/guardian, JPPS and the doctor will be notified when non-compliant with medical treatment and medications. Feel free to speak with the medical staff about problems or questions with treatments or medications before refusing to see if they can be corrected.

I have read or have had read to me, the information above and understand its content.

Print Youth Name

Date of Birth (DOB)

Student Signature

Date/Time

Medical Staff Signature/Title

Date/Time