

Department of Juvenile Justice

Office of Health Services

Medical Unit On-Call Log

Name of Facility: _____

On-Call Dates: _____

Name & Title of on-call staff: _____

DJJ Cell #: _____

Date of Call	Time of Call	End time of Call	Name of staff calling or person you called	Name of youth(s)	Nature of the incident	Disposition/Outcome

DHA Signature: _____

Date: _____