

## FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## **CUSTODY OF INDIVIDUAL HEALTH CARE RECORD**

NAME OF YOUTH:	_DOB:	DJJID#
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- > Any movement of the Individual Health Care Record should be noted and dated here.
- > It is advised that each facility maintain a copy of this form whenever custody changes.
- > If relevant information arrives late, note here as well.

Date	Originating Facility (Spell Out: Give Contact Name and Full Phone Number)	Receiving Individual or Facility (Spell Out: Give Contact Name and Full Phone Number)
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