

**SNOHOMISH COUNTY SUPERIOR / JUVENILE COURT  
JUVENILE DETENTION - HEALTH SERVICES  
Ph 425-388-7816; Fax 425-388-7817**

MEDICATION/EQUIPMENT VERIFICATION

Dear Parent/Guardian:

The nursing staff wants to work with you to have this child get medications, equipment or other necessary care while in detention. Medications can only be given with a written or telephone order of the licensed prescriber, so please write down the prescriber's name and telephone number. Medications must be in a current prescription bottle- filled within last 30 days. The use of any medications and equipment will be evaluated by the DJJC nurse practitioner.

Date \_\_\_\_\_

**Youth Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Allergies \_\_\_\_\_

Person bringing medication/equipment \_\_\_\_\_

Relationship to Youth \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Medication/Equipment Name** \_\_\_\_\_

Diagnosis/Reason for use \_\_\_\_\_

Current dose and times to be taken \_\_\_\_\_

Prescriber name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Number of doses or days missed in last week \_\_\_\_\_

Medication was last taken? Date \_\_\_\_\_ a.m./p.m.

Is this medication in a current prescription package? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain \_\_\_\_\_

(Nurse) Count \_\_\_\_\_ Rx Fill Date \_\_\_\_\_

**Medication/Equipment Name** \_\_\_\_\_

Diagnosis/Reason for use \_\_\_\_\_

Current dose and times to be taken \_\_\_\_\_

Prescriber name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Number of doses or days missed in last week \_\_\_\_\_

Medication was last taken? Date \_\_\_\_\_ a.m./p.m.

Is this medication in a current prescription package? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain \_\_\_\_\_

(Nurse) Count \_\_\_\_\_ Rx Fill Date \_\_\_\_\_

Insurance Provider for youth: \_\_\_\_\_

If Group Health, provide I.D.# \_\_\_\_\_

Do not have any insurance coverage       Don't know if youth has insurance

I authorize Detention staff to assist this youth in getting his/her prescribed medication while in this facility.

Parent/Guardian Signature \_\_\_\_\_