

INCAPACITATED PERSONS ADMISSIONS AND RELEASE FORM

Section I: Admissions

Individual Name: _____ | Date: _____ | Time: _____ | Facility: _____

Law Enforcement Agency and Officer: _____

Received Screening and Disposition Report **Yes** **The screening and disposition report shall be completed and signed by a screener from a licensed general hospital or Vermont Department of Health (VDH) Public Inebriate Program (PIP).*

Notified Shift Supervisor **Yes** | Date and Time: _____ | By Whom? _____

Notified QHCP **Yes** | Date and Time: _____ | By Whom? _____

Notified family or next of kin? **Yes** | **No**, person did not consent to notification | Date and Time: _____

QHCP completed medical screening: **Yes** | Date and Time: _____

If the medical screening indicates a need for emergency medical services, complete the following:

Time transported to the hospital: _____ | Who authorized transport? _____

QHCP's Observation Level Determination: **15-minute** **30-minute** **Constant Observation**

Date Observation Started: _____ | Time Observation Started: _____

Start of Observation Authorized By: _____
(DOC Staff Member Please print and sign)

Section II: Observation Monitoring

This document shall be completed accurately and shall not be falsified in any way.

Codes for Incarcerated Individual Behavior: record all that apply

- A. Quiet
- B. Sleeping
- C. Agitated Behavior
- D. Destructive Behavior
- E. Eating
- F. Threatening Behavior
- G. Out of Cell Activities
- H. Other

Time	Codes	Correctional Officer	Time	Codes	Correctional Officer	Time	Codes	Correctional Officer

