

INITIAL REFERRAL FOR SUSPECTED CHILD ABUSE & NEGLECT

Child's name: _____ Date of referral: _____

Date of Birth: _____ Age: _____

Address: _____

Phone: _____

Father's name: _____ Mother's name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____
(where) (phone) (where) (phone)

Siblings: _____ School: _____

Siblings: _____ School: _____

Referral source (optional): _____ Position: _____

Address: _____ Phone: _____

Explain the nature and extent of the child's physical injuries or maltreatment:

Please give a description of any sexual abuse or neglect, including any evidence of previous injuries, sexual abuse or neglect to the child or his/her siblings.

Action taken (to be completed by principal/designee):

Copy: Superintendent of Schools and School Nurse

Principal/Designee