## East Allen County Schools Child Abuse Report

Student's Name	DOB	Sex: M F Grade		
Street Address	City	Zip Code		
Home Phone Number				
Student living withBoth ParentsFath	nerMotherFoster/ Res	idential CareOther		
Legal Guardian		Relationship		
Father's Name	Home Phone	Cell/ Pager		
Place of Employment		Work Phone		
Mother's Name	Home Phone	Cell/Pager		
Place of Employment		Work Phone		
DATE OF THIS REPORT	SCHOOL			
Report completed by	Job Title			
Child Protective Services (CPS) contacted _	NO YES, by whom			
Name of CPS contact	Date	Time AM PM		
MARK AREAS OF SUSPECTED	ABUSE WITH AN <b>'X'</b> AND DES	SCRIBE IN DETAIL ON THIS FORM		
Kinds of abuse				
Abrasion		{ }		
Bite (Human)				
Bite (Animal)				
Bruise				
Burn, Scalding		/5/)   ( 5/		
Dislocation, Fracture				
Head Injury	4111			
Malnutrition		lul   lul		
Scratches, Open wound				
Sexual Molestation	15/1	) -   -		
Other				
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DESCRIPTION OF SUSPECTED ABUSE :					
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## ATTACH ALL PICTURES TAKEN OF THE SUSPECTED ABUSE TO THIS FORM

Send copies to:

Building Principal Executive Director of Student Services

EACS Pu-39 10/02 (R)