

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 with ___ Both Parents ___ Father ___ Mother ___ Foster/ Residential Care ___ Other _____

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 'X' AND DESCRIBE IN DETAIL ON THIS FORM

Kinds of abuse

- ___ Abrasion
- ___ Bite (Human)
- ___ Bite (Animal)
- ___ Bruise
- ___ Burn, Scalding
- ___ Dislocation, Fracture
- ___ Head Injury
- ___ Malnutrition
- ___ Scratches, Open wound
- ___ Sexual Molestation
- ___ Other _____
- _____



