

SCHOOL DISTRICT OF WAUPACA

SERIES 400 STUDENTS

CODE: 454-R1

SCHOOL DISTRICT OF WAUPACA
RECORD OF REPORTING SUSPECTED ABUSE OR NEGLECT

DATE: _____

DIRECTIONS FOR COMPLETION: This form is to be completed by the employee(s) suspecting the abuse or neglect and the building principal. It is to be submitted to the building principal within two days following the reporting of the situation to the Waupaca County Department of Health and Human Services.

Student Name: _____ Grade: _____

Birth date: _____ Name of School: _____

Name of Parent/Guardian: _____

Student address: _____

Nature and extent of injuries or condition: _____

Were the child's parents notified of referral to Health & Human Services?

_____ Yes _____ No

(Parent Notification is not required)

Names of adult witnesses: _____

Signature of Person Completing Form Signature of Building Principal

ADOPTED: 022007

REVISED:

REVIEWED:

LEGAL REFERENCE:

CONTRACT REFERENCE:

CROSS REFERENCE:

The School District of Waupaca does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.