



**UNION PUBLIC SCHOOLS
CONFIDENTIAL REPORT OF POSSIBLE ABUSE**

Student's Name: _____ School: _____ Date: _____

Date of Birth: _____ Grade: _____ Sex: _____

Student's SS#: _____ Union Student ID#: _____

Address: _____

Parents'/Guardian's Name: _____ Home Phone: _____

Father/Guardian Place of Employment: _____ Phone: _____

Mother/Guardian Place of Employment: _____ Phone: _____

Sibling(s): _____ Site: _____ Grade: _____

_____ Site: _____ Grade: _____

Description of Circumstances: _____

School Personnel Involved: _____

The following offices have been notified: By Phone In Writing (Check one)

Police Department: _____ Phone: 596-9222 Writing: _____

DHS Contact Person: _____ Phone: 584-1222 Writing: _____

DHS Responded: Date: _____ Time: _____

Custody of above listed child was released to Officer: _____ Badge #: _____
of the _____ Police Department on this _____ day of _____ 20 ____ at _____ am/pm
with the understanding that the office will notify the parents of said action as soon as possible.

Signatures:

Social Worker's Signature

Officer's Signature

Principal

Counselor

Nurse

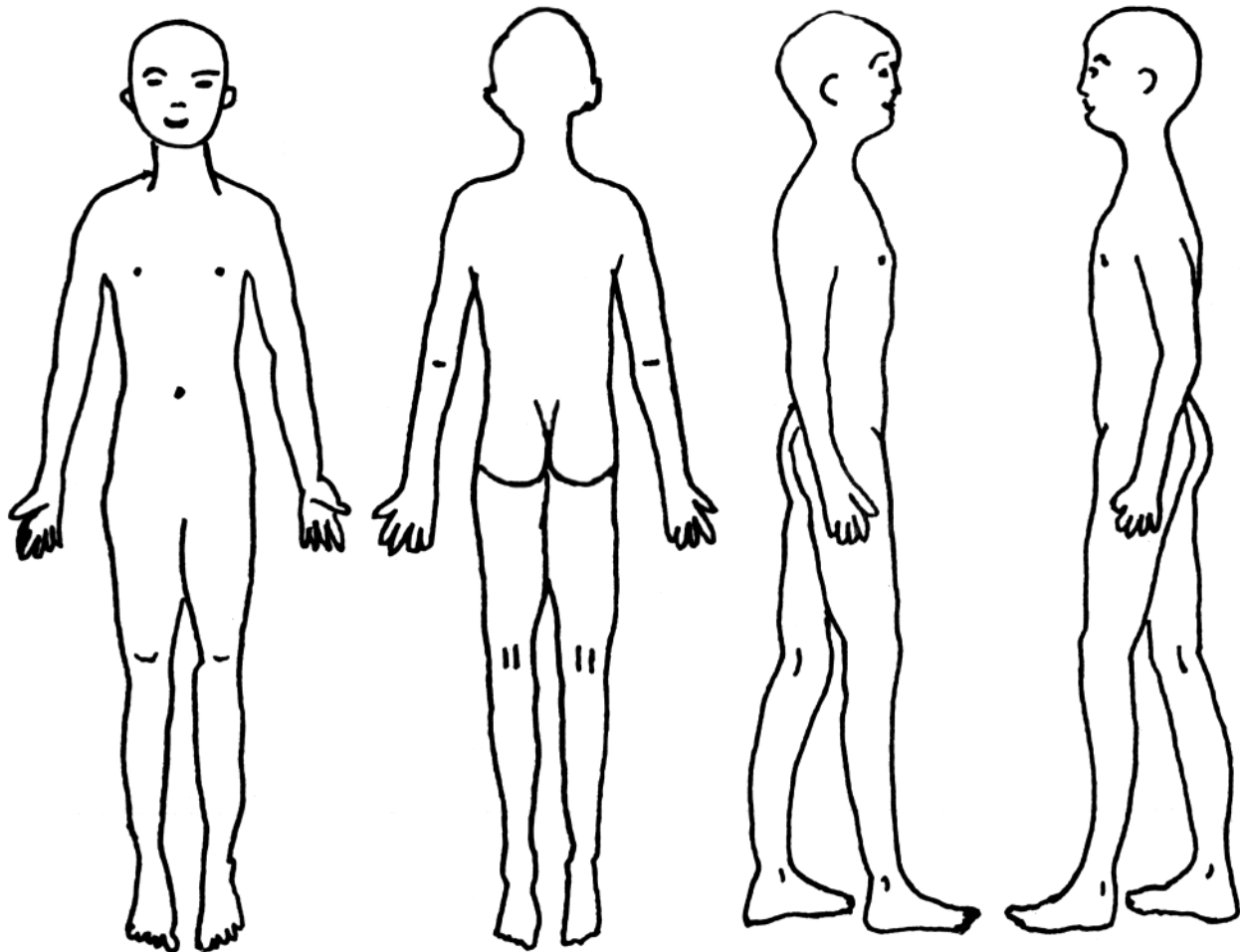
Original - Principal / Copies - Nurse

CONFIDENTIAL PHYSICAL EXAMINATION DIAGRAM

Student Name: _____

Address Where Examined: _____

Notes: _____



Witness: _____ Title: _____

Witness: _____ Title: _____

Investigator: _____ Sketched by: _____