## Dell Rapids School District #49-3

## Policies and Regulations Code: JHG-E – Students



## SUSPECTED CHILD ABUSE REFERRAL FORM

Name of Ferson Submitting Referral.			
Name of Child:			
Address of Child:			
School/Grade:			
Child's Date of Birth:		Age of Child:	
Name of Person Responsible for Care of Child:			
Relationship to Child: (Circle one) Parent	Guardian		
Address:			
	City	State	Zip
Telephone Number(s):			
Siblings/Ages:			
Nature/Extent of injuries, or description of negle	ct, or suspected abu	ise and date and time of	occurrence:
For Office Use	G	1	
Sent Copy to:		dent's Office at of Social Services	
-	811 E. 10 <sup>th</sup>		
		s, SD 57103	
		(605) 367-5444	
Orally reported to _		of D	S.S.
Date	Time		