

POLICIES AND PROCEDURES

<i>July 1, 2010</i>	FORMS AND DOCUMENTS Approved by R. Dale Horne – Fire Chief	<i>DSS Form 1</i>
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ABANDONED INFANTS FORM FOR SAFE HAVENS

For Use By Receiving Safe Haven			
Date and Time Infant Left:			
Name/Address of Safe Haven Where Infant Left:			
Name and Phone Number of Person Receiving Infant:			
Section I. Information On Infant			
Name:	Date of Birth:	Race:	Sex: Select Gender ...
Physical Description of Person Leaving Infant:			
Section II. Information On Parent/Caregiver			
Mother's Name:	DOB/Age:	Address:	
Physical Description of Mother:			
Father's Name:	DOB/Age:	Address:	
Physical Description of Father:			
Section III. Medical History/Health Status (This information is confidential.)			
1. Did the mother use any illegal substances or alcohol during the pregnancy? If yes, what? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
2. Did the mother have prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
3. Is either parent HIV positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
4. Does either parent have AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
5. Is either parent mentally ill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
6. Other Medical History: (i.e. heart disease, hypertension, diabetes, sickle cell, allergies, etc.) _____			

Section IV. Summary of Incident			
Details surrounding the abandonment of this infant: (Including location of birth, if known)			

Section V. Receipt of Infant by Hospital			
Name of Hospital Staff Receiving Infant:		Telephone Number:	
Name of Hospital Receiving Infant:			
Date and Time Received:			
Date and Time County DSS Called:		Name of DSS Person Taking Referral:	