School Bat-on-Campus Report

School district ____________________________________ Campus ____________________________________

Date of report ____________________________________ Time of report ____________________________________

Person completing report: Name ____________________________________
Title ____________________________________ Phone number ____________________

Person(s) who found bat:
Name ____________________________________
Title ____________________________________ Phone number ____________________
Name ____________________________________
Title ____________________________________ Phone number ____________________
Name ____________________________________
Title ____________________________________ Phone number ____________________

Person reporting bat to office: Name ____________________________________
Title ____________________________________ Phone number ____________________

Date and time of bat sighting ____________________________________ a.m./p.m.

Location of bat
☐ Interior of building ☐ Exterior of building

Describe location: ____________________________________________________________________________
___________________________________________________________________________________________

Physical condition of bat
☐ Alive ☐ Dead

If dead, describe condition
☐ Fresh ☐ Slight odor ☐ Dry/mummified

If alive, flying?
☐ Yes ☐ No

Human contact with bat?
☐ Yes ☐ No ☐ Uncertain at this time (more investigation required)

If yes:
Name of person contacted by bat ____________________________________
Date of birth ____________________________________ Phone number ____________________

(If student) Name of parent/guardian ____________________________________

Type of contact:
☐ Picked up bat with bare hands ☐ Touched with bare hands but did not pick up
☐ Bat brushed against (clothes or bare skin) while in flight
  Indicate body part touched ____________________________________

☐ Bitten by bat, confirmed ☐ Bitten by bat, suspected ☐ Bat landed on person
☐ If bitten, location of bite: ____________________________________
Name of person contacted by bat ________________________________________________

Date of birth ____________________________ Phone number ______________________

(If student) Name of parent/guardian ____________________________________________

Type of contact:
☐ Picked up bat with bare hands         ☐ Touched with bare hands but did not pick up
☐ Bat brushed against (clothes or bare skin) while in flight
    Indicate body part touched ________________________________________________
☐ Bitten by bat, confirmed            ☐ Bitten by bat, suspected           ☐ Bat landed on person
☐ If bitten, location of bite: ________________________________________________

Name of person contacted by bat ________________________________________________

Date of birth ____________________________ Phone number ______________________

(If student) Name of parent/guardian ____________________________________________

Type of contact:
☐ Picked up bat with bare hands         ☐ Touched with bare hands but did not pick up
☐ Bat brushed against (clothes or bare skin) while in flight
    Indicate body part touched ________________________________________________
☐ Bitten by bat, confirmed            ☐ Bitten by bat, suspected           ☐ Bat landed on person
☐ If bitten, location of bite: ________________________________________________

Animal control informed: Date ____________________________ Time ______________________
Contacted by Name ____________________________________________
    Title ______________________________________________________________________
    Phone number __________________________________________________________________

Animal control officer arrived on campus: ___________________ a.m./p.m.
Principal contacted: ___________________ a.m./p.m.
Campus nurse contacted: ___________________ a.m./p.m.
IPM coordinator notified: ___________________ a.m./p.m.
Superintendent contacted: ___________________ a.m./p.m.
(Optional) State health department contacted: ___________________ a.m./p.m.
(Optional) Local health department contacted: ___________________ a.m./p.m.

My signature indicates that I have verified the information above and reported it as my district’s regulations require.

Name (print) ______________________________________________________________________
Signature ______________________________________________________________________
Title ______________________________________________________________________
Date ____________________________