

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 _____

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

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☐ 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 _____

	Date	Time
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 _____