

HANDLE WITH CARE NOTICE



From Law Enforcement, Child Welfare or other approved Professionals to the School

To: Sharon.Warmoth@sarasotacountyschools.net; Tamika.Herring-Snead@sarasotacountyschools.net

From: _____

Date: _____

Time: _____

Incident Date: _____

The Child(ren) referenced below were involved in a potentially traumatic event in the last 24 hours and may exhibit academic, emotional and / or behavioral problems. Please handle the child(ren) with care.

Child's Name: _____ School: _____ DOB: _____

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PLEASE NOTE: SHOULD THIS FORM BE REQUESTED VIA A PUBLIC RECORD REQUEST, ALL MINOR CHILD INFORMATION MUST BE REDACTED

