

# CHILD ABUSE PREVENTION RECEIPT

This will acknowledge that I/WE, the parents(s) of \_\_\_\_\_, have received a copy of  
*(Name of Child)*

***“Child Abuse”***

from the licensee or authorized representative of \_\_\_\_\_  
*(Name of Facility)*

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*