

**FAMILY RESOURCE AGENCY OF NORTH GEORGIA**

**Child Accident/ Behavior Violation Notice**

**DATE:** \_\_\_\_\_

\_\_\_\_\_ **Child Accident: Teresa Millican, Disabilities/Transition/ Mental Health Coordinator**

\_\_\_\_\_ **Child Behavior Violation Notice: Melissa Hankins, Child Development Coordinator  
Teresa Millican, Disabilities/Transition Mental Health Coordinator**

**\*\*\*\*\*PAs will route to next person on list if Melissa or Teresa are out of the office\*\*\*\*\***

**COMPANY:**           **Admin Office**

**FAX NUMBER:**      **706-861-3627**

**THIS CHILD ACCIDENT/ BEHAVIOR VIOLATION NOTICE IS BEING SENT BY:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**CENTER:** \_\_\_\_\_

**I am transmitting \_\_\_\_\_ page(s), plus this cover sheet.  
If you do not receive all pages, please contact me as soon as possible.**

**CONFIDENTIALITY NOTICE**

The information contained in this telecopy is privileged and/or confidential and is intended only for the use of the person to whom it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this telecopy in error, please notify the sender by a collect telephone call and return the original telecopy to us by mail and we will reimburse you for the required postage. Thank you.

**INSTRUCTIONS FOR CHILD ACCIDENT REPORT**

1. Center Manager (or staff in charge) fax report to Admin office.
2. Fax to Licensing within 24 hours in the event medical treatment is requires.

**INSTRUCTIONS FOR CHILD BEHAVIOR VIOLATION NOTICE**

1. Center Manager (or staff in charge) fax report to Admin office.