

Form completion date

xx/xx/xx

MSCB Reference

CD11-12xx-xx



Notification of Child Death

To be notified to CDOP administrator at childdeathnotice@medway.gov.uk.cjsm.net or on 01634 336340.

The security of any system for transferring the information on these forms must be clarified and agreed with the Caldicott guardian. The notification form must be sent from a secure email address to the above email. For questions regarding secure email please call the Child Death Administrator on the above number.

If there are a number of agencies involved, liaison should take place to agree which agency will submit the Notification.

Full Name of Child	First Name	Surname
Any Alias		
DOB / /	Age	Tick if Estimated <input type="checkbox"/>
Death expected or unexpected?	<input type="checkbox"/> Expected <input type="checkbox"/> Unexpected Rapid Response to be undertaken in all Unexpected deaths	
For deaths of children over the age of 28 days Any known cause of death as specified on the death certificate?	Ia Ib Ic Ii	
For Neo natal deaths Death occurring before the age of 28 completed days. Any known cause of death as specified on the death certificate?	a b c d e	
Pre existing medical condition		
Date & time of incident	/ /	
Date & time of death	/ /	
Clinician certifying death		
*Location of Death or fatal event		
Place of death for certifying		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	

NHS No.	
Address including Postcode	

*Place where the child is believed to have died, or where the event directly leading to death occurred. For example, if a child is involved in a road traffic accident, and is resuscitated but subsequently dies, the location of fatal event should be recorded as the site of the collision, rather than the hospital where the child's death was confirmed

Ethnic Group	<input type="checkbox"/> White <input type="checkbox"/> Mixed <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black or Black British <input type="checkbox"/> Chinese or other ethnic group <input type="checkbox"/> Not known/Stated	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White background <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other, specify
Immigration Status	<input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee Status <input type="checkbox"/> Exceptional Leave to remain <input type="checkbox"/> Not Applicable	

Notification Details:

Death certificate issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Reported to Coroner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Post Mortem Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Known/ To be confirmed
Post mortem examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / / Venue:

Please outline circumstances leading to notification. Also include if any other review is being undertaken e.g. internal agency review; any action being taken as a result of this death or any ongoing involvement with the family.

Other Significant Family & Household Members

Full Name	DOB	Relationship	Full Address & Postcode
	/ /	Parent / Carer	
	/ /	Parent / Carer	
	/ /		

Details of Agency Contacts

Please note that it is the notifying agency's responsibility to clarify these details.	
Agency	Name, Address including Postcode & Tel No.
GP	
Midwife/ Health Visitor/ School nurse	
Paediatrician <i>[Paediatrician with previous involvement & involvement with regard to the death]</i>	
Police <i>[Senior Investigating Officer & Coroner's Officer]</i>	
Children's Social Care	
School/ nursery etc	
Others (list all agencies known to be involved)	

Referral Details

Date & Time of verbal notice	/	/
Date & Time of written referral	/	/
Name of referrer		
Agency		
Address		
Tel Number & Email		