

Form A - Notification of Child Death

CDOP Identifier (Unique identifying number)

Email	
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Details of Agency Contacts

Agency	Name, Address & Tel No.	Agency Report	
		Requested (date)	Received (date)
GP		/ /	/ /
Midwife/ Health Visitor/ School nurse		/ /	/ /
Paediatrician		/ /	/ /
Police		/ /	/ /
Children's Social Care		/ /	/ /
School/ nursery etc		/ /	/ /
Others (list all agencies known to be involved)		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

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Other Significant Family & Household Members

Full Name	DOB	Relationship	Full Address
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

CDRP Process Information

Family notified of Child Death Review Process?	Yes / No
Child Death Review Process Leaflet given to family?	Yes / No

N.B. Pages 1, 2 and 3 can be removed for the purposes of anonymising the case. Pages 3-5 should be made available with Form B to the child death overview panel.

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Child's Details

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Age (yy/mm/dd)	/ /	Indicate if estimated	<input type="checkbox"/> Estimated <input type="checkbox"/> Confirmed
Ethnic group	<input type="checkbox"/> White	<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"/> Mixed	<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"/> Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian	
	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background	
	<input type="checkbox"/> Chinese or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other, specify	
	<input type="checkbox"/> Not known/ not stated		
Immigration Status	<input type="checkbox"/> Asylum seeker <input type="checkbox"/> Refugee status <input type="checkbox"/> Exceptional leave to remain		

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Details of the death:

Location of death or fatal event *

Death certificate issued?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
For neonatal deaths Any known cause of death as specified on the death certificate?	a. Main diseases or conditions in infant b. Other diseases or conditions in infant c. Main maternal diseases or conditions affecting infant d. Other maternal diseases or conditions affecting infant e. Other relevant conditions			
For deaths of children aged over 28 days Any known cause of death as specified on the death certificate?	Ia Ib Ic II			
Death expected?	<input type="checkbox"/>	Expected	<input type="checkbox"/>	Unexpected
Reported to Coroner	<input type="checkbox"/>	Yes	Date: / /	
	<input type="checkbox"/>	No	Name:	
Reported to Registrar	<input type="checkbox"/>	Yes	Date: / /	
	<input type="checkbox"/>	No	Name:	
Post mortem examination:	<input type="checkbox"/>	Yes	Date: / /	
	<input type="checkbox"/>	No	Venue:	

* 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 death should be recorded as the site of the collision, rather than the hospital where the child's death was confirmed

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Notification Details:

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.

Level of review	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Notification only General review In depth review Serious Case Review Perinatal Review Other
Date of local case discussion	/ /	
Date discussed at panel	/ /	