**Appendix 3**

**CHILD DEATH REVIEW**

**Checklist of notes required**

LSCB Reference Number…………………………………………………………...………

|  |  |  |  |
| --- | --- | --- | --- |
| **NOTES** | **Required** | **Attached** | **If not attached**  **please state reason** |
| Reports from the ambulance service |  |  |  |
| All available A&E admission summaries (Including any admissions prior to that associated with the death) |  |  |  |
| Full set of medical & nursing records |  |  |  |
| General practitioner notes |  |  |  |
| Community medical records |  |  |  |
| Community nursing records of sub-speciality |  |  |  |
| Health visitors notes |  |  |  |
| Child health record |  |  |  |
| School nurse notes |  |  |  |
| Findings from other reviews, enquiries and investigations |  |  |  |
| Any relevant correspondence relating to child |  |  |  |
| Social services/Child protection notes |  |  |  |
| Police records |  |  |  |
| Road & Highways Dept Report |  |  |  |
| Summary report from head teacher |  |  |  |
| Any information available from HM Coroner (in cases in which there has been a Coroner’s review) |  |  |  |
| Autopsy/Post Mortem Report |  |  |  |
| Toxicology Report |  |  |  |
| Death certificate |  |  |  |
| Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |