|  |  |  |  |
| --- | --- | --- | --- |
| Name of child  |  | Children’s Home  |  |
| Date completed |  | Person completing |  |

|  |
| --- |
| Permanent markings observed by staff (including birth marks, scars, stretch marks, tattoos, moles, discolouration) |
| Exact location  | Appearance (including size; colour; shape; texture) |
|  |  |
|  |  |
|  |  |
| Permanent markings reported by young person/parent but not verified  |
|  Exact location  | Appearance (including size; colour; shape; texture) |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Mapping – using red pen  |
|  |

I consent to these details being held and reviewed on my /my child’s Medical file.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child |  | Signature  |  | Date  |  |
| Name of parent/Carer |  | Signature  |  | Date  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Signature  |  | Role/Designation |  | Date |  |
| Name  |  | Signature  |  | Role/Designation |  | Date  |  |