

Paediatric Liaison Notification

Date:

Hospital Site: HRI/CRH (Please circle)

Name of patient:

DOB:

NHS Number:

MRN:

Do not use this form as a substitute for the Safeguarding Children' Procedure when there has been or is a risk of significant harm to a child.

Person with Parental responsibility Name(s): *(In relation to child attendance)*

1 _____

2 _____

Children's Name(s) *(In relation to adult attendance)*

DOB

NHS Number(s):

1 _____

2 _____

3 _____

4 _____

5 _____

Are any other agencies aware/ involved or referral made?

	Yes	No	Details
Children's Social Care			
Police			
Domestic Abuse Hub/DRAMM			
Alcohol/substance misuse service			
GP			
CAMHS			
Other e.g HV/SN			

Is the parent or carer aware of the content and nature of this form? YES/NO **(Please delete as necessary)**
If no, why?

Who is looking after the child?

Where is the child now?

Contact Number for Carer:

Have you documented details in the patient's notes? YES/NO (Please circle)

Paediatric Liaison Notification

Reason for Liaison: (Please summarise concerns and follow up required)

Name/ Designation (print): _____

Signature: _____

Action Taken by Safeguarding Team

Name/ Designation (print): _____

Signature: _____