

Log of concern about a child's welfare

Name of School/College	School/College address:
Child's full name:	Child's date of birth:
Child's ethnicity:	Gender:
Child's first language:	
Today's date: dd/mm/yy	Time:
Name and role of person completing the log:	
Date and time of the incident / concern:	
Description of the incident / concern (if describing an injury, describe the size, shape colour and location and also complete a body map):	
Signature of person completing log:	
Body map completed? YES / NO (If YES, please attach securely)	

Please pass this form **immediately** to the Designated Person for Child Protection, who should complete the section overleaf.

To be completed by the Designated Person for Child Protection

Name of Designated Person:

Initial action taken by the Designated Person:

Has the parent/carer been informed of the concern? **YES / NO** (please circle as appropriate)

If YES, state name of parent/carer:

If YES, state who informed the parent/carer, the action taken and the outcome:

If NO, provide the reason why not:

Date:

Time:

Signature of Designated Person:

Details of any further action taken or relevant information (this may include follow-up calls, feedback from other professionals, etc. and should include details.) A separate sheet can be used, if required:

Designated Person – please ensure a record of this log is added to the child welfare chronology and added to the child’s welfare file. If advice is required or you need to make an urgent referral, call the MASH on 0345 045 1362

Body map

Full name of child:

Date of birth:

Date body map completed:

Name and role of person completing the body map:

Important – remember to attach the body map to the log of concerns about a child's welfare

