

Meeting Summary Sheet

This sheet should be prepared 2-3 weeks prior to a review meeting and distributed to all team members so they may conduct a proper search of their records for pertinent case information.

Child Death Review Team Cases for Review _____ (Date of Meeting)

Review #

Name of Child _____
Mother _____ Father _____
Street Address _____
City, State, Zip _____
Date of Death _____ Age at Death ____ Yrs ____ Days ____ Hrs ____ Min
Date of Birth _____ Race ____ Sex ____ Autopsy ____ Yes ____ No
Doctor's Name _____ Place of Death _____
Cause of Death _____
Special Considerations _____

Review #

Name of Child _____
Mother _____ Father _____
Street Address _____
City, State, Zip _____
Date of Death _____ Age at Death ____ Yrs ____ Days ____ Hrs ____ Min
Date of Birth _____ Race ____ Sex ____ Autopsy ____ Yes ____ No
Doctor's Name _____ Place of Death _____
Cause of Death _____
Special Considerations _____

Review #

Name of Child _____
Mother _____ Father _____
Street Address _____
City, State, Zip _____
Date of Death _____ Age at Death ____ Yrs ____ Days ____ Hrs ____ Min
Date of Birth _____ Race ____ Sex ____ Autopsy ____ Yes ____ No
Doctor's Name _____ Place of Death _____
Cause of Death _____
Special Considerations _____