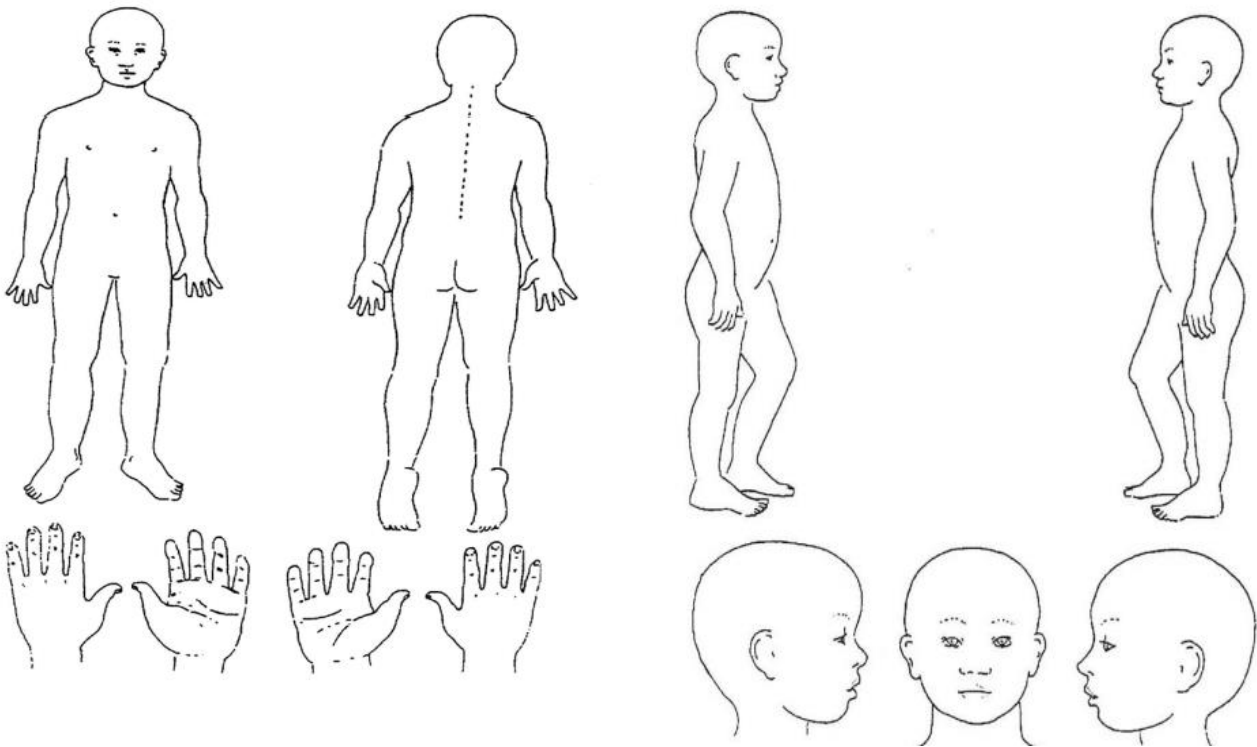


Child Protection Body Map



| | |
|-------------------------------------|--------------------------------------|
| Childs name : | |
| Date of birth : | |
| Staff name/s: | Time and date it was noticed: |
| Description of Injury : | |
| Cause of injury (if known) : | |
| Any other information: | |

Practitioner/Childminder's signature..... Date.....

Parent/Carer's signature..... Date.....