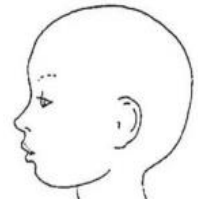
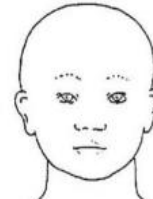
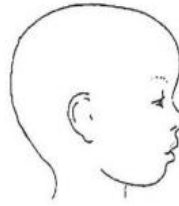
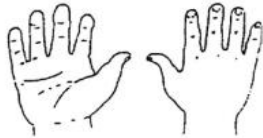
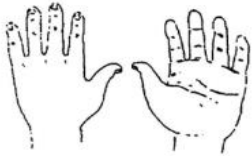
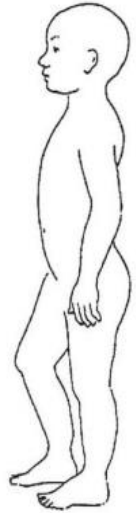
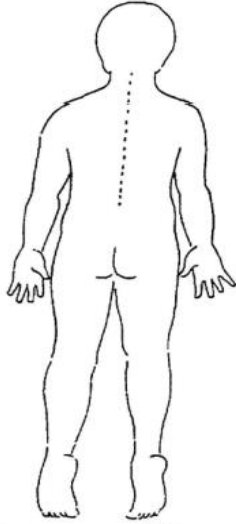
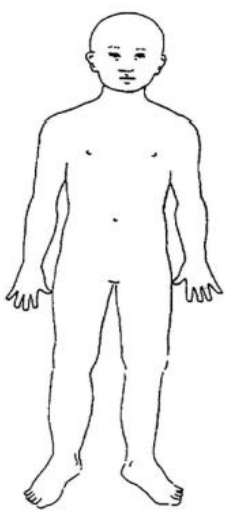


Cumberland
Council

Child Protection Body Map



Child's 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