

Rejection of child protection (CP) medical request

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|--------------------------------------------------|-------------------------------------------------------|
| Name of Child | |
| DOB | |
| Address | |
| Trust ID and / or NHS number | |
| Local Authority (delete those not applicable) | Brighton & Hove East Sussex West Sussex |
| Social Worker | |

| | |
|-------------------------------|--|
| Consultant receiving the call | |
| Date of call | |
| Time of call | |
| Reason for CP request | |
| Reason for rejection | |

Signed:

Name & Designation:

Date:

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