

Sample Meeting Summary Sheet

This sheet should be prepared several weeks prior to a review meeting and distributed to all team members.

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 _____