

Child & Adolescent Death Form (1 - 17 years)

The death of a child or adolescent that occurs from the age of 1 year (first birthday) to the age of 17 years inclusive (i.e. <18th birthday).

This checklist should be completed within 28 days of the death or as specified by CCOPMM:

1. For any death occurring in the wards or emergency department of the health service [Sections 39-40 of the Public Health and Wellbeing Act 2008 (PHWB Act)]. These reports should be completed automatically, without a request from CCOPMM.
2. For deaths occurring outside the health service, but where the deceased received care or services prior to death at the health service (Section 47 of the PHWB Act). A request from CCOPMM will be sent for these reports, as your hospital may not be aware of the death.

* Required

Reporting individual details

1. Reporting individual's first name *

2. Reporting individual's surname *

3. Health service name *

4. Position *

5. Phone number *

6. Email address *

Child / Adolescent Details

7. Given names *

8. Surname *

9. Child address *

10. Date of birth *



Format: M/d/yyyy

11. Date of death *



Format: M/d/yyyy

12. Place (hospital) of birth (if known)

13. UR Number (hospital of birth) if known

14. Indigenous status of deceased *

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Not indigenous
- Unknown

15. Child or family known to children protection – including referral at the time of this child's death' *

- Yes
- No
- Unknown

16. GP Name (if known)

17. GP Address (if known)

18. Place of death *

19. UR number (if place of death in a hospital)

20. Consultant's name *

21. Maternal - Given name *

22. Maternal - Surname *

