

INTENDED ARRANGEMENTS

FOLLOWING THE DEATH OF A CHILD

A copy of this completed form must be scanned into the child's EMR media

Date of Death	UR number Name DOB Address label
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TO BE COMPLETED BY THE PARENT/GUARDIANS

Ensure families are provided with an information sheet: Taking your child home – time together after death

I have been informed of my legal obligations to ensure that the body must be buried or cremated. I will make the necessary arrangements. Signed: Mother / Father / Guardian: _____

TO BE COMPLETED BY RCH MEDICAL STAFF

Please update further details on Death of a Child EMR Checklist

I approve exemption for this child to be transferred unrestrained as per the Road Safety Act 2017, rule 267, 3 / 4(a). Date of certification: Expiry date of certificate: Signed: _____
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TO BE COMPLETED BY RCH NURSING/ALLIED HEALTH STAFF

Please update further details on Death of a Child EMR Checklist

Cooling product offered for family to take with them with information sheet: Yes <i>Please refer to CPG After death cooling</i> <u>Hospital Contact for family</u> <i>In the circumstance where the family has any questions or concerns, this is their direct contact.</i> Ward/Department: _____ Phone number: _____
