**CHILD PROTECTION RECORD – Front Sheet**

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| --- | --- |
| **Date file opened:** |  |
| **Child Name:** |  |
| **Date of birth:** |  |

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| --- | --- | --- | --- |
| Any other names by which the child is known/has been known: |  |  |  |
| Status: *CIN, CP, CIC* |  |  |  |
| Address: |  |  |  |
| Other family members:*(include full name, relationship - if under 18 include age and school where known)* |  |  |  |
| Name and contact number of other professionals involved: |  |  |  |
|  |  |  |  |
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| Name and contact details of GP: |  |