



**ARKANSAS DEPARTMENT OF HUMAN SERVICES
 Division of Children and Family Services
 Documentation of Initial Near Fatality
 Subsequently Resulting in Fatality**

To be completed by child's attending physician/other attending medical personnel who treated child during child's medical episode.

Patient: _____ DOB: _____

Hospital/Facility: _____

Date of Initial Medical Episode (Near Fatality): _____

This is documentation confirming that the near fatality event that led to the child's medical episode (e.g., hospitalization, visit to medical clinic or office, etc.) has since resulted in a child fatality either directly or indirectly from a complication that resulted from the original event.

Date of Child Fatality: _____ Time of Child Fatality: _____

 Print Name Degree/Title

 Signature Date

For DCFS use:
 If DCFS is unable to interview the attending physician or other attending medical personnel who treated the child during the child's medical episode, but was able to speak to them via phone, please complete the following information:

Completed by phone conversation with _____ on _____