



**ARKANSAS DEPARTMENT OF HUMAN SERVICES
 Division of Children and Family Services
 Documentation of Child's Medical Episode
 Related to Near 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 Medical Episode: _____

- The event that led to the child's medical episode (e.g., hospitalization, visit to medical clinic or office, etc.) DID NOT require pre-hospital rescue, pre-hospital or hospital resuscitation, life-supporting medical care, and to this point has not resulted in any life-threatening complications and, therefore, was not a near-fatality.
- The event that led to the child's medical episode (e.g., hospitalization, visit to medical clinic or office, etc.) DID require pre-hospital rescue, pre-hospital or hospital resuscitation, life-supporting medical care, or has resulted in a life-threatening complication and, therefore, was a near-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 _____