

# Sample Meeting Summary Sheet

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This sheet should be prepared several weeks prior to a review meeting and distributed to all team members.

## Child Death Review Team Cases for Review \_\_\_\_\_(Date of Meeting)

Review #

Name of Child

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Mother \_\_\_\_\_

Father \_\_\_\_\_

Street

Address \_\_\_\_\_

City, State,

Zip \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death \_\_\_Yrs \_\_\_Days \_\_\_Hrs  
\_\_\_Min

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Autopsy \_\_\_Yes  
\_\_\_No

Doctor's Name \_\_\_\_\_ Place of

Death \_\_\_\_\_

Cause of Death

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Special

Considerations \_\_\_\_\_

Review #

Name of Child

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Mother \_\_\_\_\_

Father \_\_\_\_\_

Street

Address \_\_\_\_\_

City, State,

Zip \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death \_\_\_\_Yrs \_\_\_\_Days \_\_\_\_Hrs

\_\_\_\_Min

Date of Birth \_\_\_\_\_ Race\_\_\_\_ Sex\_\_\_\_\_ Autopsy \_\_\_\_Yes

\_\_\_\_No

Doctor's Name \_\_\_\_\_ Place of

Death\_\_\_\_\_

Cause of Death

\_\_\_\_\_

Special

Considerations\_\_\_\_\_

Review #

Name of Child

\_\_\_\_\_

Mother \_\_\_\_\_

Father\_\_\_\_\_

Street

Address\_\_\_\_\_

City, State,

Zip\_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death \_\_\_\_Yrs \_\_\_\_Days \_\_\_\_Hrs

\_\_\_\_Min

Date of Birth \_\_\_\_\_ Race\_\_\_\_ Sex\_\_\_\_\_ Autopsy \_\_\_\_Yes

\_\_\_\_No

Doctor's Name \_\_\_\_\_ Place of

Death\_\_\_\_\_

Cause of Death

\_\_\_\_\_

Special

Considerations\_\_\_\_\_