Safeguarding Body Map







Child, young person or vulnerable adult's name:	
Date of birth (if known):	
Name of member of staff who witnessed the injuries:	
Date and time injuries seen:	
Date and time info recorded:	
Details of injuries and location on body: (Where they are, what they look like, there colour, shape, size and condition. Is the injury healing or worsening?)	
How was the injury sustained according to the child, young person, vulnerable adult and/or parent or carer?	
What action will be taken?	
Date and time received by DSL:	
Name of DSL:	
Agency or school/alternative provision DSL:	Agency School/alternative provision

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Record of Concern Form





CHILD PROTECTION INCIDENT RECORDING SHEET

Name of member of staff recording incident:	
Current date and time:	
Name of pupil:	
Class:	
Date of birth:	
Who was present?	
Date and time reported to DSL:	
Names of any other staff informed:	
Names of any other pupils involved:	
Are parents/carers aware? (Give details)	Yes No
Date and time of incident:	
Nature of concerns:	
Account of incident:	
Action taken:	
Name of duty worker/social worker if reported:	
Name of any other agencies involved:	
Further action:	
Signed:	
Date:	

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