**APPENDIX B**

**Body Map**

Body map and box to record name and signature



CHILD’S NAME: ……………………………………………… DATE OF BIRTH: …………………………………………

NHS No: ………………………………………………………. UNIT No: …………………………………………………….

Date/time of skin markings/injuries observed: ……………………………………………………………………………….

Who injuries observed by: …………………………………………………………………………………………………….

INFORMATION RECORDED:

Date: …………………………………………………………. Time: …………………………………………………………

Name (Printed): ……………………………………………… Signature: ……………………………………………………

Designation/Role: ………………………………………………………………………………………………………………...

Profession: …………………………………………………… Registration No: …………………………………………….