



Child Concern Form

This form is confidential and may contain sensitive material, which must be kept secure at all times.

Name of Playworker:

Name of Child:

D.O.B: ____ / ____ / ____

Date of concern:

Time of concern:

Concern:

Location of concern:

Any other witnesses to the concern?

Who else has been told? (parents/carers, designated safeguarding lead/staff team/management)

Agreed actions (parents/carers, school, other agencies e.g. First Response & Families in Focus):

Feedback from actions (Has there been an improvement for the child?):

Signed:

Witnessed by (if relevant):

Parent/carer signature:

Date:

Parents/Carers have the right to see all records kept on their children.
(Except where this would put the child at significant risk of harm)