# Templates for Record Requests

**SAMPLE Child Fatality Prevention Local Review Team Request for Records**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FROM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County Child Fatality Prevention Local Review Team

**RE:**

**Child**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_ Date of death: \_\_\_\_\_\_\_

**Hospital**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_

**Father**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cause and manner of death**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide all information and records (or record copies) regarding the above child and family. You are authorized by law to release this information without patient or parental consent. This information will be kept confidential and will not be used in any civil or criminal proceeding. The local Child Fatality Prevention Team will use this information only to develop recommendations to prevent future child fatalities and will pay the expense of copying all requested records if necessary.

Article 14, 7B-1413 states that Local Teams shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency the Local Teams, the Task Force, or the State Office deems necessary to carry out the purposes to review deaths of all children in each county.

Please check the appropriate blank below and return this letter to me, along with the information and records/copies, if applicable. If you have any questions or comments, please contact me at (\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_.

**---------------------------------------------------------------------------------------------------------------------**

**These records are to be \_\_\_\_\_ destroyed \_\_\_\_\_ returned following review.**

**SAMPLE Child Fatality Prevention Local Review Team Request for Cross-Jurisdictional Assistance**

Dear Child Death Review Coordinator (or Investigator),

It has come to the attention of our Child Death Review Team that we may share interest in obtaining information related to the death of a child. We would appreciate your assistance in the following manner:

The child is a resident of our county, but died in your county.

Our team would like you to provide us with information on the circumstances of the death, including:

\_\_\_ Autopsy

\_\_\_ Death Scene Investigation

\_\_\_ EMS Run report

\_\_\_ Crash Report

\_\_\_ Fire Report

\_\_\_ Child Death Review Team Report

Attached is the information that we have on the child’s death. Thank you for your attention.

You may contact me at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

## Your Name