

**SAFEGUARDING POLICY
APPENDIX 3 – SKIN MAP**

Skin Map – used by **nonmedical staff** to assist you in reporting your concerns

Name of Child:

Date and time marks noticed:

Recorded by:

Role:

(Please record the size, shape, location and colour of the mark **if** you have seen something). **Do not** ask a child to show you a mark.

Report passed to:

Signed:(Designated Safeguarding Lead)

Date:

PLEASE NOTE THAT THIS IS NOT A MEDICAL ASSESSMENT

