**Appendix 2: Chronology of Significant Events Template**

**Individual Agency Chronology**

Child’s Name: Date of Birth:

Name of Person Completing Chronology: Date:

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| --- | --- | --- | --- |
| **Date** | **Agency** | **Form of Contact** | **Significant Event / Action** |
|  | Example: Education Health/GP/ Paediatrics Social Care Police | Example: Telephone callHospital admission Letter from Mother Meeting with parent Home VisitClinic Visit | Example: Mother reports frequent seizures at home, No seizures at school todayExample: Mother reports frequent seizures. Normal EEG Medication increased as increased seizures |
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# Buckinghamshire Safeguarding Children Board: Fabricated and Induced Illness Procedure June 2017