



Government of **Western Australia**
Department of **Health**

WOMEN AND NEWBORN HEALTH SERVICE

King Edward Memorial Hospital

Date.....

The Duty Officer/Team Leader
Department for Child Protection

This is to inform you that Dr_____ has invoked Section 40 of the Children
and Community Services Act 2004 with respect to Baby_____ DOB __/__/____

The baby needs to remain in hospital (State reasons)

- 1.
- 2.
- 3.

The parents have / have not been advised that their baby needs to remain in Hospital and that a
Section 40 power to keep the baby in hospital has been evoked.

They have left the hospital with the baby.

Parents names
Address:.....

Contact(Social Worker/A/Hrs Nurse Manager).

Phone.....

Dr.....Signed/Print Name/Designation