

Paediatric End of Life managed Care Network (PELiCaN)

Request for REMOVAL of Police Marker/ Ambulance Alert

The following patient has existing occurrence marker/ambulance alert which requires updating:

| Patient Name: | |
|--|--|
| DoB/CHI: | |
| Address which has existing Police occurrence marker/ambulance alert (must include postcode): | |
| Is there a second address? E.g. Parents at different addresses | |

| 1) | STATE reason for requesting REMOVAL of Police occurrence/ Ambulance alert | |
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Once completed this form should be sent to both the following email addresses:

Police Scotland: childdeathgovernance@scotland.pnn.police.uk Scottish Ambulance Service: sas.endoflifecare@nhs.scot

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