

Police Notified (time)	hours
Police Incident number	CAD.
Police Contact (if provided)	
Police attended	(Y/N)

## LOST/FOUND CHILD FORM

(Details for records only, not to be announced over the P.A.)

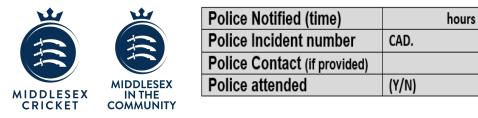
Contact the police immediately if you have any concerns for the child/ young person or adult at risk's

immediate safety

Event Name: .....

1 lato:	
Date.	

Child's Name:		Age of child:	
Male or Female:		D.O.B.:	
Time and place child last seen:		Time event staff informed:	
Hair Colour:		Clothing (Colour & Pattern):	
Eye Colour:			
Ethnicity:		Any other relevant information:	
Any known medical information:		Any known medication & when required:	
Spectator or Participant or Ot	ther:		
Parent/Guardian name:		Phone Number:	
(as reported or from player registration form if participant):		Address:	
Actions	Time	Details of who informed	
Event Security Informed			
Parent/ guardian Informed (if not present)			
_	ST BE notified at the very earli sccc.com and they must notify	est opportunity to the County Safeguarding Officer - Dal Babu the ECB Safeguarding Team.	



## Found Child (member of public or participant)

Time found:	Location found:
Child's Name:	Age of child:
Male or Female:	D.O.B.:
Hair Colour:	Clothing (Colour & Pattern):
Eye Colour:	
Ethnicity:	Any other relevant information:
Spectator or Participant or Other:	
Has the child any special medical requirements?	Name of Security/Steward & Head of
(check for medical tags)	security dealing with child:
Time child handed over to Lost Child Unit:	Adult handing the child over
	Name:
	Tel:
	Role:
Time Event Control was informed:	Any other information:
Name of Parent/Carer collecting child:	Phone Number:
Relationship to child:	Address:
Signature:	ID document/s checked:
Member of event staff handing over child:	Time child reunited:
Signature:	