

| 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: | *************************************** | |
|---|---|--|
| 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 | her: | |
| Parent/Guardian name: | | Phone Number: |
| (as reported or from player re _t | gistration form if participant): | Address: |
| Actions | Time | Details of who informed |
| Event Security Informed | | |
| Parent/ guardian Informed (if not present) | | |
| All missing child incidents MU | ST BE notified at the very earli | lest opportunity to the County Safeguarding Officer - Sharon |
| Eyers safeguarding@middlese | xccc.com and they must notify | y the ECB Safeguarding Team. |



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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 |
| Ccheck 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: | |
| | |