**LOST/MISSING CHILD FORM**

***[INSERT NAME OF CLUB]***

**Event Name:**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **Age of Child** |  |
| **Male or Female** |  | **Date of Birth** |  |
| **Time and Place Child Last Seen** | **Time Event Staff Informed** |
| **Hair Colour** |  | **Clothing (colour & pattern)** |
| **Eye Colour** |  |
| **Ethnicity** |  | **Any Other Relevant Information** |
| **Spectator or Participant or Other** |  |
| **Parent/Guardian name** *(as reported or from player registration form if participant)* | **Phone Number****Address** |
| **Action Taken** | **Time** |
| **Event Security Informed** | **Police Informed** |
| **Other** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Time Found** |  | **Location Found** |  |
| **Child’s Name** |  | **Age of Child** |  |
| **Male or Female** |  | **Date of Birth** |  |
| **Time and Place Child Last Seen** | **Time Event Staff Informed** |
| **Hair Colour** |  | **Clothing (colour & pattern)** |
| **Eye Colour** |  |
| **Ethnicity** |  | **Any Other Relevant Information** |
| **Spectator or Participant or Other** |  |
| **Has the Child Any Special Medical Requirements?** (check for medical tags) | **Name of Security/Steward & Head of Security Dealing with Child** |
| **Time child Handed Over to Lost Child Unit** | **Details of Adult Handling the Child Over****Name****Tel****Role** |
| **Time Event Control Informed** |
| **Nam of Parent/Carer Collecting Child****Relationship to Child** | **Phone Number****Address** |
| **ID Documents checked** |
| **Signature** |  |
| **Member of Event Staff Handing Over Child** | **Time Child Returned** |
| **Signature** |  |