# LOST/FOUND CHILD FORM

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

**Event Name:** …………………………………………………

**Date:** ……………………………………………….

## Lost/Missing Child (member of public or participant)

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|---|---|
| **Child's Name:**<br><br>**Male or Female:** | Age of child:<br><br> D.O.B.: |
| **Time and place child last seen:** | Time event staff informed: |
| **Hair Colour:**<br><br>**Eye Colour:** | Clothing (Colour & Pattern): |
| **Ethnicity:** | Any other relevant information: |
| **Spectator or Participant or Other:** | |
| **Parent/Guardian name (as reported or from<br>player registration form if participant):** | Phone Number:<br><br>Address: |
| **Action taken:**<br><br>**Event Security informed:**<br><br>**Police informed:**<br><br>**Other:** | Time: |

# Found Child (member of public or participant)

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|---|---|
| **Time found:** | **Location found:** |
| **Child's Name:**<br><br>**Male or Female:** | **Age of child:**<br><br>**D.O.B.:** |
| **Hair Colour:**<br><br>**Eye Colour:** | **Clothing (Colour & Pattern):** |
| **Ethnicity:** | **Any other relevant information:** |
| **Spectator or Participant or Other:** | |
| **Has the child any special medical requirements?**<br>**(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 handing the child over**<br>**Name:**<br>**Tel:**<br><br>**Role:** |
| **Time Event Control was informed:** | **Any other information:** |
| **Name of Parent/Carer collecting child:**<br><br><br>**Relationship to child:**<br><br><br>**Signature:** | **Phone Number:**<br><br>**Address:**<br><br><br>**ID document/s checked:** |
| **Member of event staff handing over child:**<br><br><br>**Signature:** | **Time child reunited:** |