

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 require	d:
Spectator or Participant o	or Other:		
Parent/Guardian name:		Phone Number:	
(as reported or from player registration form if participant):		rticipant): Address:	
Actions	Time	Details of who informed	
Event Security Informed			
Parent/ guardian Informe not present)	d (if		_
		ne very earliest opportunity to the County Safeguard must notify the ECB Safeguarding Team.	ling Officer - Sharon



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Found Child (member of public or participant)

Location found:
Age of child:
D.O.B.:
Clothing (Colour & Pattern):
Any other relevant information:
Name of Security/Steward & Head of
security dealing with child:
Adult handing the child over
Name:
Tel:
Role:
Any other information:
Phone Number:
Address:
ID document/s checked:
Time child reunited: