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| **MISSING CHILD FORM** |
| **In the event of a child/vulnerable adult being found alone the following form must be completed****DO NOT UNDER ANY CIRCUMSTANCES GIVE INFORMATION OUT OVER THE PA SYSTEM** |
| **Date:** | **Time of Report:** |
| **Completed by:** | **Signature:** |

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| **DETAILS OF MISSING CHILD** |
| **First Name:** | **Last Name:** |
| **Date of Birth & Age** | **Gender** |
| **Description: Hair colour/length, clothes, footwear, distinctive features** |
|  |
| **Location last seen:** |  |
| **Time Last seen:** |  |
| **Additional information: e.g. medical conditions, local knowledge of venue, mobile phone** |

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| **CONTACT DETAILS OF PERSON REPORTING THE CHILD MISSING** |
| **First Name:** | **Last Name:** |
| **Phone No.:** | **E-mail:** |
| **Address:** |  |
| **Relationship with missing person: proof of identity & relationship to be checked** |

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| **RECORD OF ACTION TAKEN Yes/No + Details + Time** |
| **Description circulated:** |  |
| **Site coordinator notified:** |  |
| **Inform all staff:** |  |
| **General PA announcement:** |  |
| **Inform CCTV:** |  |
| **Inform Police:** |  |
| **Case handed over to Police:** |  |

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| **CHILD FOUND DETAILS** |
| **Time** |  |
| **Location** |  |
| **Responsible adult to whom returned** | **Name:** | **Signature:** |
| **Proof of Identity:** | **Photo taken** | **YES** | **NO** |
| **Relationship:** |  |
| **Details of staff member** | **Name:** | **Signature:** |