|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Lost/Found Child Form** | | | | | | | |
| Event Name: |  | | | Date of Event: |  | | |
|  | | | | | | | |
| Time found | |  | Location found | | |  | |
| Childs name | |  | Date of birth and/or age: | | |  | |
| Male/Female | |  | Hair colour | | |  | |
| Eye colour | |  | Ethnic origin | | |  | |
| Clothing (colour and pattern) | |  | Time child handed over to Lost Child Point | | |  | |
| Time Event Control was informed | | |  | |
| Has the child any special medical requirements? (check for medical tags) | |  | Name of security/steward dealing with the child | | |  | |
| Details given by child: | | | Details of adult handing child over: | | | | |
| Parent/guardian name | |  | Name | | |  | |
| Contact number | |  | Contact number | | |  | |
| Address | |  | Address | | |  | |
| Any other information | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Parent/Responsible Adult collecting the child** | | | **This is to certify that the child named above has been reunited with their parent/responsible adult in a safe manner** | | | | |
| Name(s) | |  | Witness Name | | | |  |
| Address | |  | Address | | | |  |
| Signature(s) | |  | Contact number | | | |  |
| Relationship to child | |  | Identification of parent/guardian | | | |  |
| Identification of parent/responsible adult | |  | Time child reunited with parents/responsible adult | | | |  |
| Time child reunited | |  | Signature of steward/lost child officer | | | |  |