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| **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 |  |