**Form 6**

**Lost/Found Persons Report Form**

**This form must be completed and handed to the event manager.**

|  |  |  |
| --- | --- | --- |
| Name of event |  | |
| Date and Time |  | |
| **Details of Lost/Found Adult/Child** | | |
| Name |  | |
| Age |  | |
| Gender |  | |
| Last known Location |  | |
| Description of child / person |  | |
| **Details of Person Reporting Lost/Found** | | |
| Name |  | |
| Address or organisation |  | |
| Contact phone number |  | |
| **Action** | | |
| Details of action taken place to find parent/ guardian/child/carer | |  |
| **Details of those Finding Lost Adult/Child** | | |
| Name |  | |
| Address or organisation |  | |
| **Details of Person Claiming Lost Adult/Child** | | |
| Name |  | |
| Address or organisation |  | |
| Contact telephone number |  | |
| Form of identification shown |  | |
| Time child/person reunited with parent/guardian/carer |  | |
| Signature of person claiming person/child |  | |
| Signature of lost children representative |  | |

Missing person/lost child disclaimer to be signed by parent/guardian companion and staff member

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I the parent, guardian or \_\_\_\_\_\_\_\_\_\_ of the above person(s) / Child(ren), having reported their absence, now intend to leave the post and search for them myself. I do so of my own accord.

I can confirm that I have been requested to remain and await their reappearance and understand that it may be difficult to contact me should my child/missing person be escorted to the post in the meantime.

My mobile number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Parent/ Guardian/Companion) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed lost children representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing or accepting this form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details (phone number or email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_