**Surf Life Saving Association of Wales – Appendix 11**

**Lost / Found Child Form**

**Name of child should not be announced over any tannoy / P.A. system)**

**Event Name**  **Location**

**Date**

|  |  |  |
| --- | --- | --- |
| **Lost Child** | | |
| Time the child was reported lost? |  | |
| Participant or member of the public? |  | |
| Club Name |  | |
| Missing Childs Name |  | |
| Date of Birth |  | |
| Male or Female / Non-binary |  | |
| Are they deaf / hearing impaired? |  | |
| Time and place child last seen? |  | |
| Time event staff informed? |  | |
| Does the child have a device they can be contacted on? What is the number if known? |  | |
| Hair Colour / length |  | |
| Eye Colour |  | |
| Ethnicity |  | |
| Clothing, colour & pattern |  | |
| Parent/Guardian name | Phone number and address | |
| Action taken: |  | |
| Event Organiser informed: | Yes | No – why? |
| Police informed:  *If child has been missing for* ***20 mins*** *then call police and tell them what area you are in and what time the child went missing* ***Dial 999*** |  | |

**Notes on procedure**

Was procedure followed?

What improvements could be made?

What went well?

|  |
| --- |
|  |

**Please ensure a copy of this form is forwarded on to the SLSA Wales Lead Safeguarding Officer for evaluation and development of policies.**

[safeguarding@slsawales.org.uk](mailto:safeguarding@slsawales.org.uk)

**Appendix 13 (Found)**

|  |  |
| --- | --- |
| **Found Child** | |
| Public | Participant |
| Club Name |  |
| Time found: | Location found |
| Missing Persons Name |  |
| Date of Birth / Age approx. if unknown |  |
| Male | Female |
| Age / DOB | |
| Does the child have a device that may have parent / carer contact details on? If so what is the number if known? |  |
| Hair colour / length |  |
| Eye Colour |  |
| Ethnicity |  |
| Has the child any special medical requirements  (check for medical tags)  Clothing, pattern and colour |  |
| Name of Event Staff, Patrol Leader, Coach etc. dealing with child: | Name:  Tel for contact: |
| Time child handed over to Lost Child Unit – designated person: |  |
| Name of Parent/Carer collecting child |  |
| Relationship to child: |  |
| Address: |  |
| Phone Number: |  |
| ID document/s checked and listed: |  |
| Signature |  |
| Member of event staff handing over child:  Signature: |  |
| Time child was reunited: |  |

**Notes on procedure.**

Was procedure followed?

What improvements could be made?

What went well?

|  |
| --- |
|  |

**When crowds are on the move, children are easily displaced and separated from adults. The maximum risk comes as soon as the event is over and people start to leave.**

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