**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**

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| **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?

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**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

**Appendix 13 (Found)**

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| **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?

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**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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