

MISSING CHILD/VULNERABLE ADULT FORM

In the event of a child/vulnerable adult reported missing the following form must be completed

Date:					
Time of Report:					
Completed by:		Signature:			
DETAILS OF MISSING CHILD					
First Name:		Last Name:			
Date of Birth & Age		Gender			
Description: Hair colour/length, clothes, footwear, distinctive features					
Location last seen:					
Time Last seen:					
Additional information: e.g. medical conditions, local knowledge of venue, mobile phone					
Responsible adult					
CONTACT DETAILS OF PERSON REPORTING THE CHILD MISSING					
First Name:		Last Name:			
Phone No.:		E-mail:			
Address:					
Relationship with missing person: proof of identity & relationship to be checked.					
RECORD OF ACTION TAKEN Yes/No + Details + Time					
Description circulated:					
Site coordinator notified:					
Inform all staff:					
General PA announcement:					
Inform CCTV:					
Inform Police:					
Case handed over to Police:					
CHILD FOUND DETAILS					
Time					
Location					
Responsible adult to whom returned	Name:		Signature:		
	Proof of Identity:		Photo taken	YES	NO
	Relationship:				
Details of staff member	Name:		Signature:		

MISSING CHILD/VULNERABLE ADULT FORM					
In the event of a child/vulnerable adult being found alone the following form must be completed DO NOT UNDER ANY CIRCUMSTANCES GIVE INFORMATION OUT OVER THE PA SYSTEM					
Date:					
Time of Report:					
Completed by:		Signature:			
DETAILS OF LOST CHILD					
First Name:		Last Name:			
Date of Birth & Age		Gender			
Description: Hair colour/length, clothes, footwear, distinctive features					
Relevant information as appropriate:	Who with:				
	Relationship to:				
	How many in group:				
	Where last seen:				
	Phone numbers (if known):				
Where Found:					
Time Found:					
CONTACT DETAILS OF PERSON WHO FOUND CHILD/VUNERABLE ADULT					
First Name:		Last Name:			
Phone No.:		E-mail:			
Address:					
Relationship with missing person: proof of identity & relationship to be checked.					
RECORD OF ACTION TAKEN Yes/No + Details + Time					
Description circulated:					
Site coordinator notified:					
Inform all staff:					
General PA announcement:					
Inform CCTV:					
Inform Police:					
Case handed over to Police:					
CHILD/VULNERABLE ADULT RETURNED TO RESPONSIBLE ADULT DETAILS					
Time					
Location					
Responsible adult to whom returned	Name:		Signature:		
	Proof of Identity:		Photo Taken:	YES	NO
	Relationship:				
Details of staff member	Name:		Signature:		