AJB Sports in Education

Missing Child Incident Record Form

CONFIDENTIAL DOCUMENT

This form should be completed following any incident where a child is temporarily unaccounted for, separated from their group, or where the Missing Child Procedure has been initiated.

Child Details

Child's Name: _____

Date of Birth: _____

Age: _____

Camp Venue: _____

Date of Incident: _____

Incident Details

Time Child Last Seen:

Location Child Last Seen:

Staff Member Who First Raised Concern:

Time Concern Raised:

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Circumstances of Incident

Please provide a factual account of what happened.

Include:

- Activity taking place
- Location
- Staff supervision arrangements
- Circumstances leading to the concern

Immediate Action Taken

Please tick all actions completed:

☐ Camp Lead informed

☐ Site search initiated

☐ Toilets checked

☐ Activity areas checked

☐ Registers checked

☐ Headcount completed

☐ Staff positioned at exits/access points

☐ Parent/carer informed

☐ Emergency services contacted

☐ Other

Details:

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Child Located

Was the child located?

☐ Yes

☐ No

If yes:

Time Located:

Location Found:

Who Located the Child?

Child Welfare Check

Upon being located, was the child:

☐ Uninjured

☐ Injured

☐ Distressed

☐ Calm

☐ Required First Aid

☐ Required Medical Attention

Details:

Parent/Carer Communication

Was a parent/carer informed?

☐ Yes

☐ No

Time Contacted:

Method:

☐ Telephone

☐ Collection

☐ Email

☐ Other

Summary of Conversation:

Contributing Factors

Please identify any factors that may have contributed to the incident.

☐ Child left activity area

☐ Child became separated during transition

☐ Child hiding

☐ Miscommunication

☐ Supervision issue

☐ Venue layout

☐ Other

Details:

Actions Taken to Prevent Reoccurrence

Staff Member Completing Form

Name:

Signature:

Date:

Time:

Camp Lead Review

Name:

Signature:

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Date:

Outcome:

☐ No Further Action

☐ Staff Briefing Required

☐ Procedure Review Required

☐ Parent Follow-Up Required

☐ Safeguarding Referral Required

☐ Other

Details:
