



Lost/Found Child Form

Sulphur Springs Union School District

Lost Child Information

School Site: _____

Person Making the Report: _____

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|--|---|
| Name of Child | Age of Child |
| Male or Female | D.O.B |
| Have Parents/Guardians been notified? Yes or No (circle choice) If no, please state the reason: | Time and Date Child was reported missing? Time: Date: |

| |
|--|
| Location and time the Child was last seen: By whom: |
| Which Administrator(s) on the school site have been notified? Has Classroom Teacher been notified? Were Police called? |
| Does child have any special medical conditions? |
| Steps being taken to locate the child: |

Found Child Information

| | |
|--|-------------------------|
| Time Found: | Location Found: |
| Name of Person collecting the Child? Relationship to the Child: ID Documents checked against Registration/Emergency Card? Signature of Adult picking up the Child? | Time Child Reunited: |
| Name of Staff Member handling releasing the Child? Signature: | |

Scan Copy of Lost/Found Form to the Superintendent's Office:
Attention Dr. Catherine Kawaguchi