

# SAMPLE PROTOCOL

## CHILD/VULNERABLE ADULT UNDER TEMPORARY SUPERVISION OF EVENT STAFF

<b>Name of Event:</b>	<b>Location:</b>
<b>Date of Event:</b>	<b>Time:</b>

<b>Name of Child/Vulnerable Person</b>	<b>Age/DOB:</b>
<b>Name of Parent/Carer:</b>	<b>Telephone No:</b>
<b>Home address:</b>	
<b>Has the child/vulnerable adult got a mobile phone? Yes / No</b>	
<b>Have you asked or checked for an Emergency Contact Number? Yes / No</b>	
<b>If yes, what action was taken and what was the outcome?</b>	

<b>Description of Child/Vulnerable Adult's Appearance: :</b>			
<b>Male/Female:</b>	<b>Approx. age:</b>	<b>Approx. height:</b>	<b>Ethnicity:</b>
<b>Hair colour and length:</b>		<b>Clothing:</b>	
<b>Distinguishing features:</b>			

<b>Time and circumstances under which the child/adult was received under staff supervision:</b> (include information about why this person requires assistance and any information you have gathered eg are they intoxicated/distressed/behaving in a way that causes risk/what are their intentions/plans for the evening/travel arrangements to/from venue, are they alone/with friends etc)
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**SAMPLE PROTOCOL**  
**RECORD OF ACTIONS TAKEN**

Name of person completing this form: \_\_\_\_\_

Job title/position: \_\_\_\_\_

*(Please circle actions/options taken)*

1. **Person returned to parent/carer** Time discharged: \_\_\_\_\_

Name of parent/carer \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

2. **Contacted parent/carer by telephone**  
Response and actions agreed \_\_\_\_\_

3. **Unable to contact parent/carer** *(as a guide, one hour should be the maximum time before notifying the police or social services)*

or

4. **Request Ambulance and discharged person to hospital<sup>1</sup>** Time discharged: \_\_\_\_\_

or

5. **Request police assistance** Time requested: \_\_\_\_\_

Name of Police Officer: \_\_\_\_\_

**OR, if no local police response and the vulnerable person remains under your supervision**

6. **Notify Police HQ and contact Childrens Social Care Services<sup>2</sup> (0114 2734855 children/2734908 adults) to request assistance**

Name of Police Officer: \_\_\_\_\_ Name of Social Worker: \_\_\_\_\_

Time requested: \_\_\_\_\_

7. **Child collected by Police Officer/ Social Care Services Officer** Name of Officer \_\_\_\_\_

Signature of Officer \_\_\_\_\_

7. **If no response after 1 hour, by Childrens Social Care Service or the Police, child escorted by appropriate staff to nearest police station as follows:**

Name(s) of escort(s) \_\_\_\_\_

Address of police station: \_\_\_\_\_

Signature of Escort : \_\_\_\_\_ Signature of Police Officer: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

<sup>1</sup> ONLY in cases where the child requires medical attention eg, due to intoxication or ill health, or physical harm

<sup>2</sup> Event manager/lead for safeguarding should contact Social Care Services in addition to Police to notify them of the situation and that their service may be required if Police issue a Police Protection Order