 

**Risk assessed locations & contacts to assist to locate a missing child**

**This form should be updated regularly and any new associates & locations added as soon as you become aware of it.**

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| Name of Child | Date Of Birth | Address |
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|  | Name | Address | Association | Telephone | Associated Risks |
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**It is the responsibility of the agency completing and the recipient to protect the information from theft and compromise.   
  
This form and the information contained in it must be securely stored.**