

Adapted from the British Caving Association Consent form 08/2021

Mendip Caving Group Consent Form for children and vulnerable adults

Confidentiality and data protection: the information given on this form will be shared with:

- a) The club's member(s) responsible for supervising the activities
- b) The specific adults who are providing the activities
- c) Only, if necessary, other agencies such as the BCA national council or local authorities, if safeguarding action or medical treatment are required

Name of child or vulnerable adult:.....

Age: Date of birth:.....

State any medical conditions they have, and any medication they take:

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State any dietary requirements:

State any special needs, and in the case of vulnerable adults, their vulnerability:

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.....

Please describe how much caving they have already done, if any, and give the names of the caves visited if you know them.

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Supervision – please tick one of the two statements below.

Both options imply that you, or a close friend, will look after your child whilst they are caving or in club buildings. The MCG will not vet any other adults present by e.g. using a DBS check.

- ☐ Either myself or another adult member of my family will be present to supervise and care for our child or vulnerable adult
- ☐ I am entrusting the care of my child or vulnerable relative, to a long-term family friend who will act on my behalf. The name of that adult is:

.....

Accommodation

If staying overnight, I have been informed about the nature of the accommodation and the likely sleeping arrangements. Under 18's must be accompanied by a parent or guardian overnight and sleep in the same room as the parent / guardian.

Medical consent

In the event of illness or an accident requiring emergency hospital treatment, I authorise the adult named above, or a club member if the club is taking care of my child/relative, to sign on my behalf any written form of consent required by the hospital authorities.

Signature for consent to all the arrangements on this form.

Name: Relationship:

Signed: Date: