

**British Caving Association**  
**Consent form: children and vulnerable adults**

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

- a) The club's committee 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:

.....  
.....

State any dietary requirements: .....

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

.....  
.....

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 three statements below.

The first two options imply that you, or a close friend, will look after your child whilst they are caving or in club buildings. In this event, the club will not vet adults 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:  
.....
- I am entrusting the care of my child or vulnerable relative to the club, and I understand that the adults who are directly caring for my child will have been vetted, including a DBS check.

**Accommodation**

If staying overnight, I have been informed about the nature of the accommodation and the likely sleeping arrangements.

**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.

Signed: ..... Date:.....