



Child and Vulnerable Adult Protection Policy

Policy Statement

The Maidstone Area Archaeological Group is a community based organisation which is open to all.

MAAG believes that the welfare of children and vulnerable adults is paramount, and recognises its legal responsibility under The Children Act 2004 to fulfil its duty of care towards young people and children under the age of eighteen by ensuring that they are supported so they can participate in its activities.

It will do this by:

- Creating a healthy and safe environment at MAAG events
- Taking all reasonable steps to protect children from hazards
- Making parents and guardians aware of the Club's Child Protection Policy when they join the Group, and also by posting it on our website : www.maag.btck.co.uk
- Ensuring that such young people only participate in excavations when they are accompanied and supervised by their parent or guardian
- In the event that the parent or guardian cannot accompany the young person, a responsible adult appointed by the parent or guardian must accompany him/her as designated in the consent form attached to this Policy and will remain responsible for them for the duration of their visit

Welfare Concerns

If any member of the Group has concerns about the welfare of a child or vulnerable adult with whom they should come into contact during Group activities, they will contact the Kent Safeguarding Children Board on: www.kscb.org.uk, Kent Specialist Children's Services on Tel: 0300 41 11 11 or 0300 41 91 91, or email social.services@kent.gov.uk



Responsible Adult Consent Form

Consent form for a child/vulnerable adult up to and including the age of seventeen to participate in MAAG excavations if the child's/person's parent or guardian cannot accompany him/her.

A separate form must be completed for each child/person.

In the interests of the safety of the child or vulnerable adult, please write legibly.

Name of Child/Person Ageyrs

Details of any allergies or medical conditions

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Name of Parent/Guardian

Address

.....Post Code.....

First Telephone Number

Second Telephone Number

Responsible Adult Details

Name of Responsible Adult

Address of Responsible Adult

.....Post Code.....

I, the parent/guardian of the above child/person, consent for him/her to be accompanied by the above responsible adult as below, and authorise them specifically to be able to consent to any emergency medical treatment necessary or administer any medication or medical equipment as necessary (e.g. Epi-pen, asthma inhaler etc):

Activity on (Date)

Signed Date
(Parent/Guardian)

I agree to be responsible for the above named child/person on the above activity

Signed Date
(Responsible Adult)