

JUVENILE CONSENT AND MEDICATION FORM



**PLYMOUTH CITY
TRANSPORT
PRESERVATION GROUP**

I give my consent for _____ (name) to be a member of the Plymouth City Transport Preservation Group.

His/her date of birth is _____.

I accept that whilst attending events, that he/she is responsible for his/her own safety.

I give my permission that if he/she is in need of medical attention, that the organisers arrange such care.

Does he/she suffer from any medical conditions that we need to be aware of, such as allergies, asthma, phobias etc? _____ (yes/no)

If so, please give details

Name of parent/guardian _____

Signature of parent/guardian _____

Contact number _____

Emergency contact number _____

Date _____

FOR OFFICE USE ONLY

Membership No: _____ Start Date: ____/____/____ Renewal Date: ____/____/____

05/2017