QUEEN'S COLLEGE

INSIGHT 2019

Queen's College, Taunton

Queen's College
Trull Road
Taunton TA1 4QS
01823 340880

Please complete and return by Monday 7 January:

Full name of participant: _____

Date of Birth: _____

Address: _____

_____

_____ **Post Code:** _____

Home Tel No: _____

Email Address: _____
(please print carefully as this will be used for all correspondence)

Parent 1 (day time): _____

Parent 2 (day time): _____

Emergency Contact to act if parents are not contactable: **Name:** _____

Tel: _____

Current School: _____

Medical Consent

My *son/daughter *does/does not: suffer from any pre-existing medical conditions requiring treatment; have any additional needs you need to be aware of; have any food or medical allergies. (* Please delete as applicable)

If your child does have any of the above, please give details:

_____

_____

(Please inform us of any amendments to this information if details change before the day)

Parental Consent

I authorise Queen's College to consent on behalf of parents to the participant receiving emergency medical treatment, including blood transfusions, general anaesthetic and operations, under the National Health Service or at a private hospital where certified by an appropriately qualified person necessary for the participant's welfare and if parents cannot be contacted before treatment is needed. Please tick ☐