

If you are under 18 on 1st September please ask Parents/ Carers to complete and then upload to the results/ evidence tab on your UCM Learner Portal



Isle of Man
Government

Sustinere Manu

FORM "D"

Department of Education Sport and Culture

Parental Consent

Regular Out-Of-Establishment Visits/Activities

Academic Year 2022/2023

Establishment: University College Isle of Man (UCM)

Course:

Student:

DoB:

I hereby agree to participating in recognised activities off the college site, but on the Island.

I understand that:

- Such activities will not often extend beyond the College day, but that if, occasionally, they are likely to do so, adequate advance notice will be given so that I may make appropriate arrangements for his/her safe return home;
- My specific permission will be sought for any out-of-College activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards;
- All reasonable care will be taken in respect of the activity/visit;
- There will be an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal College discipline during the visit/activity;
- Any medical condition or physical disabilities will be notified to the College now and as and when they arise;
- All students are covered by the Department's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the College premises or equipment or attributable to negligence by the Department or one of their employees.

Medical Information:

- a) Any conditions requiring medical treatment, including medication? YES/NO
(if answered 'Yes', please provide details below)

b) Please outline any food or other allergies and special dietary requirements:

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c) Any recent illness or accident staff should be aware of?

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d) Allergy to any medication? YES/NO

If YES please specify:

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e) When did they last have a tetanus injection?

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f) Any other essential information staff should be aware of e.g. physical or sensory disability?

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Signature of Parent/Guardian/Carer

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Name in Capitals:

Address:

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Tel N°. Work:Home:Mobile: