

## FORM "D"

### Department of Education Sport and Culture

### Parental Consent

### Regular Out-Of-Establishment Visits/Activities

### Academic Year 2023/2024

**\*If you are under 18 on 1st September please ask parents/carers to complete this form and then upload to the results/evidence tab on your UCM Learner Portal.\***

**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:

.....

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

.....

d) Allergy to any medication? YES/NO

If YES please specify:

.....

e) When did they last have a tetanus injection?

.....

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

.....

**Signature of Parent/Guardian/Carer**

.....

Name in Capitals: .....

Address: .....

.....

.....

Tel No. Work: .....Home: .....Mobile: .....