

# **Adventist Boot Camp!**

## **2025**

**(Parent's Address)**

**(Institution address)**

**[Insert Date]**

### **To Whom It May Concern**

I, **[Parent/Guardian Full Name]**, hereby authorize and give full consent for the *ABC!* Director and/or **Dean of Men/Women**, at the University of the Southern Caribbean, to act on my behalf in matters related to the wellbeing, discipline, and general welfare of my son/daughter, **[Insert Student's Full Name]**, during his/her period of study and residence at the University.

My son/daughter is a minor and will be residing in the **[Male/Female]** dormitory. As such, I have entrusted the *ABC!* Director and/or Dean with the responsibility to make necessary decisions or take appropriate actions in my absence that ensure the safety, health, and overall development of my child while he/she enrolled at the institution.

This authorization includes, but is not limited to, medical emergencies, programme concerns, behavioural matters, and housing-related issues. I trust that all decisions made will be in the best interest of my child and in accordance with the University's policies and values.

Should you require further confirmation or information, I can be contacted at Phone: **[Insert Contact Number]**, Email: **[Insert Email Address]**

Sincerely,

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**[Parent/Guardian Full Name]**