**Parent’s/Guardian’s Consent**

Dear Parents/ Guardian,

Thank you for allowing your child to attend The Pacific On Campus Programme. We look forward to the opportunity to assist him/her prepare for tertiary studies and to ensure they have a wonderful experience here at Otago. Safety is paramount and we need your support to ensure the programme is a success for your child.

Please read and discuss the safety conditions below with your child. Your signature is required.

My son/daughter is to behave as a responsible young adult at the Pacific On Campus Experience (POCE) Programme.

* Cigarettes, Vapes, matches, illegal drugs and alcohol are forbidden.
* A curfew will be observed at 10pm or half an hour after returning from evening activities that are part of the POCE Programme.
* Students must inform POCE team if they are unable to attend any activity.
* Students may not leave the programme to visit friends or relatives.
* Staff will do their best to run a safe programme however I acknowledge that all risk cannot be prevented and accept the risks beyond the control of the Pacific Islands Centre staff.
* Students agree that they will follow every instruction given to them by appointed staff member/mentor.

Students who behave irresponsibly, or who are found smoking, drinking, or taking illegal drugs will be sent home immediately at the expense of their Parent/Guardian.

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taking part in the activities provided during Pacific On Campus Experience. I authorise the organisers to obtain medical attention if this is considered necessary. I also agree that he/she must observe any rules that the University of Otago has in place for its student body during the On Campus Experience. Failure to follow these rules could result in his/her being sent home immediately. I have discussed this with him/her and we accept these conditions.

**Signature of Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_