## School Safety & Climate.jpg

## **The Substance Abuse Family Education (SAFE) Program**

*Manatee County Schools – Department of Student Services*

**Student/Parent Consent Agreement**

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(Student name) (School)*

*Agree to participate in the 6 week SAFE Program.*

* ***Week 1: Schoology Lesson***
* ***Week 2:*** ***Schoology Lesson***
* ***Week 3: Schoology Lesson***
* ***Week 4: Schoology Lesson***
* ***Week 5: Schoology Lesson***
* ***Week 6: Office session/Urinalysis screening***

*(\*Office sessions can take place at the Professional Support Center located at 2501 63rd Ave. E. Bradenton Fl. 34203 or at the student’s school during Elective classes.*

*\_\_\_ I understand that I must complete all 6 lessons.*

*\_\_\_ I understand that I will be asked to voluntarily submit to random* *Urinalysis screening.*

*\_\_\_ I understand that the Urinalysis screening results will be provided to the school/Teen Court.*

**REFERRAL FROM: School** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone

(Home/Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To register for the program and schedule sessions, please call and email the Consent Form to:***

***Suzy Ardila (941)751-6550 ext. 43112***

***ardilas@manateeschools.net***