



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, please email the Consent Form to the Program Director*****

Suzy Ardila

ardilas@manateeschools.net

