



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

*Manatee County Schools – Department of Dropout Prevention*

### **Student/Parent Consent Agreement**

I, \_\_\_\_\_  
(Student name) \_\_\_\_\_ (School)

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

\_\_\_ *I understand that I must attend and will participate in all 6 meetings.*

**\*Groups meet Tuesdays 5:00-6:00 PM at the Manatee County Judicial Center  
1051 Manatee Avenue West  
Jury Assembly Room – 2<sup>nd</sup> Floor  
Bradenton**

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

**REFERRAL FROM: School** \_\_\_\_\_ **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:  
Suzy Ardila (941)751-6550 ext. 43112  
[ardilas@manateeschools.net](mailto:ardilas@manateeschools.net)**