

**GREENWOOD HIGH SCHOOL
STUDENT ASSISTANCE PROGRAM
Parent Permission Form**

I give my permission for _____ to participate in the Student Assistance Program (SAP), of the Greenwood School District, as it was explained to me by a member of the Student Assistance Team. See enclosed pamphlet for more information.

I also give my permission for him/her to meet with a Teenline and/or Perry Human Services professional.

I permit the Student Assistance Team to release relevant information from his/her school records for purpose of an assessment. All Student Assistance information will be handled in a confidential manner.

I understand that this permission is valid for one year from the date of my signature and that I may withdraw said permission at any time.

Date

Parent/Guardian Signature

Date

Student Signature

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize TEENLINE/Cumberland Perry D & A
Student Signature

Counselor to disclose the results of the assessment, recommended action plan and referrals to:

1. The Student Assistance Team
2. Parent(s) or Guardian

The purpose of the disclosure authorized herein is to facilitate family involvement in assessment and referral.

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol & Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from date of signature unless otherwise specified.

PLEASE RETURN THIS FORM WITHIN FIVE (5) DAYS. THANK-YOU.