

## PARENT OR GUARDIAN CONSENT FORM

Dear Parent/Guardian:

Your child, \_\_\_\_\_, has been referred to the St. Marys Area High School Student Assistance Program (SAP). This voluntary program is available to offer supportive services to students experiencing academic, behavioral, and/or emotional difficulties that may pose barriers to school success.

Students can be referred to SAP by parent/guardians, school personnel, peers or self-referrals. The SAP team is comprised of specially trained teachers, administrators, school counselors, nurses, and mental health and/or drug & alcohol consultant(s) that will assess your child's needs and offer appropriate recommendations for in-school and/or out-of-school services. The recommendation for services may include individual supportive counseling, mental health assessment, drug/alcohol education/assessment, support groups, tutoring, etc.

You are a vital part of the team and the SAP team values the importance of parent/guardian involvement in this process. Please assist us in aiding your child by signing the consent form below and returning to the High School Guidance Office.

\_\_\_\_\_ I give my permission for my child, \_\_\_\_\_, to be involved with the SAP program while attending St. Marys Area High School.

\_\_\_\_\_ I deny permission for my child, \_\_\_\_\_, to be involved with the SAP program while attending St. Marys Area High School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date Activated