



SOLUTIONS
Community Counseling and Recovery Centers

CONSENT FOR PREVENTION SERVICES
Beginning February 2017

SOLUTIONS Community Counseling and Recovery Centers provides a variety of prevention services to individuals and their families to promote wellness and success. Programs are designed to reduce risks, strengthen protective factors, and build resilience in youth. **Programs help students become invested in school/ academic success, improve communication, decision making, and conflict resolution skills, and develop healthy relationships with adults and peers.**

If you are interest in having your child participate in the wellness group below **during the school day, free of charge** please fill out this consent form and return it to the office by **February 1. Groups will form on a first come first serve basis.**

_____ **Anger Management Support Group (for males and females)**

Name of Student _____

School: _____ Gr Level _____

Note: Services are confidential and protected by the Code of Federal Regulations (42 CFR Part 2). Information regarding the individual’s substance use cannot be shared with anyone- including a parent or legal guardian- without written consent, except in incidences where the safety of the individual or someone else is at risk.

I agree to participate in the Prevention Service indicated above offered by SOLUTIONS Community Counseling and Recovery Centers

(signature of student) Date

My child _____ has permission to participate in the Prevention Services indicated above offered by **SOLUTIONS Community Counseling and Recovery Centers** at Wayne Local Schools. I understand there is **no fee for this service.**

(signature of parent or legally responsible person) Date

(signature/credentials of staff member) Date

PLEASE RETURN THIS FORM TO THE OFFICE BY FRIDAY February 1, 2017
You may also SCAN a copy and email it to cjoefreda@wayne-local.com