



**Parent/Guardian Consent to Assess
Prevention**

The Drug Abuse Treatment Association, Inc. (DATA) is one of the largest providers of behavioral health prevention and treatment services in southeast Florida. DATA has been providing these critical services to eligible individuals in school districts for over 20 years. If you would like any additional information about the agency's services, please contact Ms. Mary Weiss, LMHC, Director of School-Based Programs, or Mr. Gary Coney, Prevention Supervisor, at 561.844.3556.

Student Name: _____ **Parent/Guardian Name:** _____

Student's School Name: _____

Should my child be referred by school personnel or seek services on their own throughout the course of the academic year, I authorize agency staff at this school to provide my child _____ (*First and Last Name*), the following prevention services:

- Assessment services to determine proper placement.
- Assistance in obtaining necessary aid from any community resource.
- Multi-tiered, evidence-based services which may include individual, family, and/or group counseling.
- I give DATA permission to provide individual/family/group sessions at the school identified above.

By signing below, I give permission for the DATA to provide prevention services to my child at his/her school. Additionally, by signing below I acknowledge that I was afforded the opportunity to have all questions answered prior to my child's participation in the program.

Parent/Guardian Signature

Date

Client Signature

Date

DATA Staff Signature/Credentials

Date

