

DATA is the premier provider of behavioral health prevention and treatment services to youth and families in southeast Florida. For over 20 years we have been improving the health and wellness of students in area school districts. It is a privilege to be able to work with your child to assist them in achieving their full potential. If you would like any additional information about our school-based prevention program, or any of our programs along the continuum of care, please contact Mr. Gary Coney, MS, CAP, Prevention Supervisor, at 561.844.3556.

Student's Name: _____ **Parent/Legal Guardian Name:** _____

Student's School: _____ **Parent/Legal Guardian Phone Number:** _____

Prevention Counselor: _____ **Phone Number:** _____

Should my child be referred by school personnel or seek services on their own throughout the course of the academic year, I authorize the DATA Prevention Counselor at this school to provide my child the following opportunities:

- Assessment services to determine need for services and proper placement.
- Referrals and linkages to community resources.
- Alcohol and substance use prevention education and services, including individual, family, and/or group counseling, health and wellness activities, prevention planning/goal setting, etc.

By signing below, I confirm that I am this child's parent/legal guardian. I give permission for the Prevention Counselor to provide prevention services to my child at their school or via remote/telehealth platforms if my child is participating in virtual learning. 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. Should I have any additional questions, I will contact my child's Prevention Counselor, the Program Director, or the school's principal.

Parent/Guardian Signature

Date

Client Signature

Date

Prevention Counselor Signature/Credentials

Date