



The Substance Abuse Family Education (SAFE) Program

Manatee County Schools – Department of Student Services

Student/Parent Consent Agreement

I, _____
(Student name) _____ (School)

Agree to participate in the 6 week SAFE Program.

- **Week 1: Schoology Lesson**
- **Week 2: Schoology Lesson**
- **Week 3: Schoology Lesson**
- **Week 4: Schoology Lesson**
- **Week 5: Schoology Lesson**
- **Week 6: Office session/Urinalysis screening**

**Parents/Guardians-Our goal is to partner with you to keep your child safe and to help them learn valuable health information and life skills. Your help to reinforce this program at home by completing the parent/student activities and sharing your family views on these topics is greatly appreciated. All materials are available for review through the Schoology course.*

*(*Office sessions can take place at the Professional Support Center located at 2501 63rd Ave. E. Bradenton, Fl. 34203 or at the student's school during Elective classes.)*

___ I understand that I must complete all 6 lessons.

___ I understand that I will be asked to voluntarily submit to random Urinalysis screening.

___ I understand that the Urinalysis screening results will be provided to the school/Teen Court.

REFERRAL FROM: School _____ **Dean** _____

Other _____

Student signature _____

Parent/Guardian signature _____

Parent/Guardian phone

(Home/Work) _____ (Cell) _____

Parent/Guardian email

*****To register for the program, please email the Consent Form to the Program Director*****

Suzy Ardila

ardilas@manateeschools.net

