

Student's Last Name: _____



SUSSEX COUNTY TECHNICAL SCHOOL
School Based Youth Services Program - The Student Center



Permission to Participate in Student Center Activities

This form provides permission for your child to participate in School Based Youth Services Program (SBYSP) or "Student Center" activities. See areas below for specific consents. This consent is valid until your child no longer attends Sussex Tech. It may be rescinded in writing at any time.

I/We: _____ give : _____
(Please print parent/guardian name(s)) (Please print student name)

permission to participate in the following:

Recreation: Our recreational program runs each day that school is open after school until 5:00pm with some exceptions. We may run periodic trips for which you would receive additional permission slips.

____ Yes, he/she may participate ____ No, he/she may not participate _____
(Signature of parent/guardian)

Counseling: Our counseling program is open and free to any student enrolled at Sussex Tech. There are times when a child has an unforeseen crisis that may require immediate assistance. It is our general policy to see students in such situations on a "one time only" basis in an effort to assess their needs and perhaps provide comfort, support, or other referrals. This requires your consent below. We keep most information confidential, with certain exceptions.* If you feel you would like your child to be able to access the one-time services, kindly indicate this in the space provided. If your child requires continued counseling support, you will be notified by us and a separate consent for ongoing treatment would be needed at that time. Please note that students 16 and older can self consent for care.

____ Yes, he/she may participate ____ No, he/she may not participate _____
(Signature of parent/guardian)

*I understand that where I have indicated a positive or "yes" response, my child will be able to access those services until they are no longer eligible either through graduation or by termination of enrollment with this school for any other reason. A negative or "no" response will **prohibit** your child from receiving Student Center services. *Please note that if, at any time, a student indicates to us that they are in danger of hurting themselves or someone else, or that someone is hurting them, we are required to report this to the appropriate outside agencies which can provide resources on behalf of the child or general public's interest.*

Students age 16 and older may consent for their own counseling confidentiality. Please initial here _____.

NOT RESPONDING TO THIS FORM WILL INDICATE THAT YOUR CHILD CANNOT ACCESS THESE SERVICES AND WILL BE TURNED AWAY. **YOUR CHILD CAN ONLY PARTICIPATE WITH YOUR WRITTEN CONSENT.** CONSENT MAY BE REVOKED AT ANY TIME IN WRITING.

Transportation: The Student Center is open for recreation Mon-Fri from 2:30-5:00 pm. **Please note that pickup time must be strictly adhered to.** If a student is picked up late more than twice, they will not be allowed to participate in after-school Student Center activities.

One Time Use Date: _____
Clinician: _____
Connex entry date: _____