



CENTRAL DAUPHIN SCHOOL DISTRICT

School: _____

Please return form to: _____

**PARENTAL PERMISSION FOR CHILD TO PARTICIPATE IN THE
STUDENT ASSISTANCE PROGRAM (SAP)**

Your child has been referred to the Student Assistant Program (SAP). The Student Assistance Program (SAP) consists of school and community staff that can help your child access school and community resources. The program was developed to help students overcome barriers to success including social, emotional, and relational issues like anxiety, grief, depression, and drugs and/or alcohol use. The SAP team will help you find services and assistance in the school or in the community if needed. The team helps provide you with information to help your child succeed as well as give your child additional support within the school setting.

If the SAP team believes your child could benefit from an informal mental health or drug and alcohol assessment, one can be conducted by a consultant/specialist with your written permission. Upon completion of the informal assessment, the consultant/specialist will contact you to offer recommendations for you to consider. The consultant/specialist does not provide counseling or treatment. The assessment is free of charge and will take place during the school day at your child's school. Any Student Assistance information will be maintained in the strictest confidence.

Please sign below giving permission for your child to meet with the applicable representative.

Check all that apply:

- ☐ **I give permission** for my child to **participate in the Student Assistance Program** of Central Dauphin School District. I permit the SAP Team to release relevant information from my child's records for the purpose of assessment.
- ☐ **I give permission** for my child to have an **informal mental health assessment** with Keystone Human Services (if applicable).
- ☐ **I give permission** for my child to have an **informal drug & alcohol assessment** with Dauphin County Drug & Alcohol (if applicable).

_____	_____	_____
Signature of Parent/Guardian	Printed Name	Date

_____	_____	_____
Signature of Parent/Guardian	Printed Name	Date

- ☐ I am **NOT** interested in this program at this time. Please sign below.

_____	_____	_____
Signature of Parent/Guardian	Printed Name	Date