



**School Based Youth Services
At Cape May County Technical High School
A Program of Cape Counseling Services**

188 Crest Haven Road

Cape May Court House, NJ 08210

(609) 465-2161 ext. 126

Consent for Participation in Program Activities

The School Based Youth Services Program at Cape May County Technical High School helps students navigate the high school years with the goal of having students graduate healthy and drug-free. SBYS helps students deal with small and large sources of stress that result from peer conflicts, substance abuse, financial difficulties, academic struggles, grief, mental or physical health conditions, etc. SBYS guides students to build on their strengths and develop positive habits and life skills that will benefit them throughout their lives. The program is run by Cape Counseling Services. The services provided include individual, group, and family counseling, substance abuse and employment counseling; primary and preventive health care; pregnancy prevention programs; communication and life skills classes for youths and families; and after-school recreation programs. Our program also provides information and referrals to community resources. Students often request their own appointments. Referrals may also come from family members, teachers, the school nurse, administration, fellow students, or any other individual who is recommending that a student gets involved with our program.

Crisis Intervention, Counseling, and Referral

I give my permission for my child to participate in CONFIDENTIAL mental health and/or substance abuse assessment, counseling within the school by CMSBYS staff. I understand that individual services are only provided as needed or when it is requested. I understand that these services are confidential, and that information can only be shared with parents or others when there is a written "Release of Information" form (separate from this consent form) expressly signed by my child (if aged 14 years or older) and/or myself; except in circumstances where there is imminent risk to self or others, in which case CMSBYS is required by law to disclose such a risk. It is understood, however, that SBYS staff makes every effort to insure open communication between parents and their children. I also consent to allow my child to participate in surveys, such as the Rosenberg Self Esteem scale or other similar tools, which may be used to measure progress.

Transportation and Medical Services Consent

I authorize program staff to provide transportation to off-site activities, and to obtain emergency medical services in the event that my child needs emergency medical and hospital treatment and I cannot be reached. I understand that medical service personnel are not present during recreational activities. I authorize SBYS staff to render first aid to my child if an accident or injury occurs during an activity. I understand that my own medical insurance or myself must pay the cost of medical treatment. I hereby waiver and release SBYS and Cape Counseling Services from legal responsibility and understand that risk of participation in such activities are my own.

_____ Yes, I would like to give my student the opportunity to participate in the School Based Youth Services Program. I also consent to having my child's picture taken for media purposes. I support my child in pursuing a healthy, drug-free life-style in order to graduate successfully and become a well-adjusted young adult.

I understand that I may list any activities that I do not want my child to participate in on this form.

_____ No, I do NOT grant permission for my student to participate in the School Based Youth Services Program.

Parent/Guardian's Name (Please Print)

Student's Name (Please Print)

Parent/Guardian's Signature

Date

Student's Signature

***** This consent remains in effect until the student's high school graduation or until it is rescinded in writing.**