

**OUR SCHOOLS HAVE PARTNERED WITH** 

ALCOHOL PREVENTION, INTERVENTION, AND POSTVENTION TREATMENT ON CAMPUS. A SPECIALLY-TRAINED COUNSELOR EXPERIENCED WITH WORKING WITH ADOLESCENTS WILL BE AVAILABLE WEEKLY TO MEET WITH STUDENTS- INDIVIDUALLY AND IN SMALL GROUPS. IF YOU WANT YOUR CHILD TO PARTICIPATE, PLEASE SIGN AND RETURN THE BOTTOM PORTION OF THIS CONSENT FORM TO THE COUNSELING DEPARTMENT. YOU WILL BE NOTIFIED <u>PRIOR</u> TO YOUR CHILD'S FIRST SESSION. SEE MS.

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EDWARDS, MS. NICOLL, OR MS. EBBE FOR MORE INFORMATION. THANK YOU.

Student Name:					
School:	EMERSON JHS		DA VINCI JHS		
Grade level:		<b>7</b> <sup>™</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>	
Circle one:		prevention	interve	ntion	postvention
Treatment modality:		individual	small group		

By signing below, you give parental/guardian consent for your child to participate.



