Kane Area High School

6965 Route 321
Kane, PA 16735
(814) 837-6821

Mr. James Fryzlewicz, Principal, Extension 4201
Mr. Jay Israel, Assistant Principal, Extension 4203
Mr. Anthony Santiso, School Counselor Extension 4204
Ms. Aimee Kemick, School Nurse, Extension 4211

Date: _____

Dear Parent/Guardian:
Based on a referral made to the Student Assistance Program (SAP), we are requesting permission for your son/daughter, _____ to participate in a confidential screening conducted by the SAP Liaison during school hours at my child's school building. I understand that this screening is conducted as part of the SAP process and the recommendations will be shared with the SAP Team. It will allow the SAP team to make appropriate referrals and necessary linkages to in-school and out of school supports for my child. This information will also be shared with me. I have the right to request to review the screening tool that will be used with my child

Thank you for your cooperation.
Kane Area High School
Student Assistance Program

Parents and students please initial the box next to the services you would like to receive:

Parent	Student	
		I give my permission for my child to have a Mental Health Assessment.
		I give my permission for my child to have a Drug and Alcohol Assessment.
		I do **NOT** give permission for my child to meet with any of the above.

_____ _____
(Parent/guardian signature) (Date)

_____ _____
(Student signature) (Date)

***This consent will remain in effect from the date it is signed until the end of the current school year.**
Please return the signed consent form to Anthony Santiso at Kane Area High School.