
Laurel Highlands Student Assistance Program Parent Permission Form

Your child, _____, has been referred to the Laurel Highlands High School Student Assistance Program (SAP). This voluntary program provides various support services designed to meet your child's social and behavioral needs. A team of school personnel and/or community agency professionals will assess your child's needs and offer recommendations for appropriate services.

Please assist us in aiding our child by **signing and returning** this consent form.

_____ **I give** permission for my child, _____,
to be involved with the SAP Program.

_____ **I deny** permission for my child, _____,
to be involved with the SAP Program.

Parent/Guardian Signature

Relationship

Date