



...keeping children healthy, safe and drug-free! SM

LifeSkills Training Program

Parent/Guardian Permission Form

My child (check one) does _____ does not _____ have permission to participate in the 12-session LifeSkills Training Program at Red Bank Middle School. I understand that the program will be held during the school day for eight weeks (March-April 2010), and will meet twice after school on April 21, 2010 and May19, 2010, to offer opportunities for my child to develop positive life and social skills that build on strengths through weekly sessions and there will be a pre- and post- survey to determine how much my child learns in the program.

Student: _____ Grade: _____ Teacher: _____

Date of Birth: _____ Circle: Male Female

Home Address: _____
(Street)

(City) (State) (Zip Code)

Parent/Guardian Name: _____

Daytime Phone #: _____ Evening Phone #: _____

Preferred time for parent/guardian to attend weekday parent workshops (circle one): 2:00pm 3:00pm 4:00pm 5:00pm 6:00pm

Emergency Contact Information: (Person who can act on my behalf if I cannot be reached in an emergency.)

Name: _____ Relationship to Student: _____ Phone #: _____

Family Doctor/Health Care Provider: _____ Phone #: _____

Health/Medical Information:

Is this student allergic to any foods? No Yes Explain: _____

Is this student taking any medications? No Yes Explain: _____

Are there any health/physical problems? No Yes Explain: _____

Additional Comments: _____

Parent/Guardian Signature

Date



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