

Permission for Participation *Intervention Services*
Montgomery County

Child Name: _____

School Year: _____

Permission is requested to have your child participate in Intervention Services as referred by a community or school team and will be valid for the current school year only. The purpose of Intervention Services will be to focus on issues currently relevant to your child, as identified by the referral source, parent/guardian, and child feedback. Intervention Services are defined as services targeted towards individuals in need of drug and alcohol services. Drug and Alcohol (D&A) Intervention involves the provision of services designed to encourage individuals to examine their own patterns of substance use and reduce risky substance use behaviors. Referral is provided if the need for further evaluation or other services is indicated. Program participation may include one or more of the following evidence-based programs. ***These services, funded by the Montgomery County Office of Drug and Alcohol, are not treatment and are not intended to replace therapy or treatment programs.***

Not On Tobacco (NOT) is an evidence-based teen smoking and vaping cessation program delivered in a group setting. Eight sessions specially designed for youth in a group setting embraces all types of tobacco users to identify individual reasons for use, education on how tobacco and nicotine affect the body, thinking and emotions and guidance to develop a plan for overcoming obstacles to quitting.

If the referral source requests information about these contacts, the provider staff may only provide information deemed minimum and necessary for the purpose of planning other interventions/referrals. Participation in Intervention services is voluntary. You have the right to refuse permission, and you may withdraw your permission at any time by notifying the provider in writing.

I give permission for my child to participate in Intervention Services. Services may be requested agency based during evening hours:

X

Signature of Parent or Legal Guardian

X

Date

X

Signature of Child

X

Date

Staff Name: _____ **Contact :** _____

I give verbal consent for my child to participate in the following services and understand the above service descriptions: _____NOT

Witness #1 Signature

Date