

THE BRIDGE CENTER

South Brunswick School Based Youth Services Program
Funded by the NJ Department of Children and Families
732-329-4044 X3246

PERMISSION TO PARTICIPATE IN SERVICES

The BRIDGE Center is a School Based Youth Services Program (SBYSP) that is a dynamic partnership between the South Brunswick School District and Rutgers University Behavioral Health Care. Our purpose is to provide a comprehensive range of youth development and support services to promote healthy development. BRIDGE Center services and programming are available to all students at South Brunswick High School and Crossroads Middle School and includes student and family support, recreational activities, volunteer/community service, educational workshops and preventative programming. All of the BRIDGE Center SBYSP services, programs and trips are voluntary and free of charge. The BRIDGE Center is open from 8:30am – 5:30 pm, Monday through Friday, during the school year as well as during the summer months.

I, _____ allow my son/daughter, _____

to participate in BRIDGE Center programming.

I am the parent/guardian of the above named student and hereby authorize his/her participation in School Based Youth Services Program for the BRIDGE Center program. I understand that the consent form covers all BRIDGE Center services, excluding any off site trips (separate consent forms will be provided as needed). I also understand that this consent form is a one-time authorization that expires: upon my child's completion of grade 12 or should my child no longer being enrolled in South Brunswick School district or should I submit written request to rescind my authorization.

IN THE EVENT OF AN EMERGENCY

In the event of any emergency, accident, or injury, that requires medical attention, for my child during his/her participation in this event, I authorize the doctor(s) and/or hospital to which he/she may be transported to perform all necessary medical emergency procedures. For and in consideration of the South Brunswick School Based Youth Services Program and Rutgers, I hereby release and hold harmless the School Based Youth Services Program, Rutgers, their officers, employees, volunteers, or agents, from liability or damages, including injury or illness which may occur during participation in any and all activities.

I have read the above and agree to its contents.

Signature of parent/guardian

Date

RUTGERS
University Behavioral
Health Care

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Student Information: (please print and complete fully)

Student's Full Name: _____

Address: City, State, Zip: _____

Cellular Phone Number: _____ Home Phone Number: _____

Birth Date: ___ / ___ / ___ Age: _____ Gender: _____ Current Grade: _____

Parent Guardian Information: (please print and complete fully)

Parent/ Guardian's Full Name: _____

Address: City, State, Zip: _____

Cellular Phone Number: _____ Daytime Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Permission to Administer Surveys

The BRIDGE Center conducts **anonymous** surveys to assess students' developmental needs. The Self Efficacy Assessment Tool will be provided to students that have participated in student support services twice within a 30 day period. Students are not required to complete the evaluation, this is truly voluntary.

Please check one: _____ YES _____ NO

Please return the completed form to:

South Brunswick High School/BRIDGE Center

750 Ridge Road, Annex Rm. 100

Monmouth Junction, NJ 08873

For further information, please contact the program at 732-329-4044 x3246.