



CARY Project
Connecting with At-Risk Youth
Parent/Guardian Consent Form

The C.A.R.Y. Project was developed through a collaborative between the Alcohol Drug Addiction Mental Health Services (ADAMHS) Board of Tuscarawas and Carroll Counties and community members impacted by a loved one's addiction. For the purpose of the project, at-risk youth are defined as those that may be at risk of substance use or abuse.

The goal of the project is to provide a personal interaction in a one-on-one interview format between the youth and a family member who has been impacted by addiction. The family member, or CARY Support, is not a counselor or prevention specialist and is solely telling of his or her journey through the addiction of a loved one. The CARY Support will discuss peer influence, his or her child's movement from experimentation to addiction, and the future impact of one's choices.

By signing below, the parent acknowledges and confirms consent and agreement to the following:

- The youth will have transportation to and from the meeting with the CARY Support
- The youth will spend a maximum of 90 minutes with the CARY Support in an interview format discussing the youth's predetermined questions and the experience of the CARY Support with his or her addicted loved one
- The CARY Support will not disclose any information about the child to any person or agency with an exception being that the ADAMHS Board has the right to break confidentiality when the CARY Support and the ADAMHS Board perceives a danger to the youth or society in such cases as abuse, neglect, suicide and/or homicide.

To determine the impact of the program, the CARY Project Coordinator will contact the referral source at the midpoint and end of the school year to gather data regarding whether the youth received additional discipline related to alcohol or drugs.

I have read and understand the CARY Project Parental Consent Form. I understand that my child's participation in the program is voluntary. I grant permission for my child to participate.

Parent or Legal Guardian

Date

Youth

Date