



Washington Drug & Alcohol Commission, Inc.

One Day at a Time.

90 West Chestnut Street, 3rd Floor
Washington, PA 15301

Cheryl D. Andrews, Executive Director
Phone 724-223-1181 Fax 724-223-1187

SAP Screening Consent

I, (parent/guardian) _____, give my permission for my son/daughter, _____, to participate in a drug and alcohol screening interview with the Washington Drug and Alcohol Commission, Inc. SAP liaison during school hours at Bentworth Area School District, at the High School Middle School Elementary School.

The screening interview is conducted as part of the SAP team process, and the results will be shared with the members of the team. This information will allow the SAP team to make appropriate referrals and provide the necessary linkages to in-school and out-of-school services for your child.

This consent is in effect for the 2015-2016 school term.

Parent/Guardian's Signature

Date

Please print the following information:

Student's Name: _____

Birthdate; _____ Student's Social Security Number: _____

Mailing Address: _____

Phone Number: _____

If you have any further questions please contact SAP Liaison, Bethany Hatalsky,
at 724-223-1181 extension 118.