

PARTNERS FOR ADOLESCENT LIFESTYLE SUPPORT (PALS)
PARENT PERMISSION FORM

Dear Parent of _____:

Your child/teenager has expressed an interest in the PALS program at _____ school.

PALS is a program organized by professional counselors who work for SHANDS Vista at your child/teenager's school. The PALS program assists students by providing both peer and professional support to build self-esteem, and help students develop social skills, identify and work toward goals, manage thoughts and feelings, and cope effectively with peer pressure and life challenges.

Peer support is provided by teen leaders who are trained by mental health professionals from SHANDS Vista in active listening and communication, relationship and problem-solving skills. Teen leaders also act as friends and mentors for students.

The PALS program provides students with opportunities to participate in counseling and support groups with other teens, teen leaders and mental health professionals. Every effort will be made to provide these sessions during lunch periods and other non-instructional times. The focus groups discuss a variety of topics designed to support healthy lifestyle development and improve the academic performance of students at school.

Your signature below indicates that you approve of your child/teenager's participation in the PALS program. If you approve of your child/teenager participating in this program please check, "Yes, I would like for my child/teenager to participate in the PALS program" below, and return this form with your signature to the guidance office at your child/teenager's school.

Mental Health professionals who work with SHANDS Vista also offer personal counseling to students whose parents request that service. To request personal counseling services for your child/teenager check the second box - "I would like to be contacted regarding personal counseling services for my child/teenager by a mental health counselor from SHANDS/Vista)" - below and enter your telephone number, and a mental health counselor from SHANDS Vista will contact you.

If you have any questions about the PALS program please contact me at _____ between the hours of 8 a.m. and 3 p.m.

- Yes, I would like for my child/teenager to participate in the PALS program.
- I would like to be contacted regarding personal counseling services for my child/teenager by a mental health counselor from SHANDS/Vista. My telephone number is () _____.

Parent Signature: _____ Date: _____

Parent Name: _____

Student Name: _____

Sincerely,
