



111 S.O.M. Center Road  
Mayfield Heights, Ohio 44124  
440.995.7450

Robert Ross, Principal  
Phone 440.995.7460

www.mayfieldschools.org  
Fax- 440.646.1117

## PARTICIPATION CONSENT

The Social Advocate Program for the Educational Service center of Cuyahoga County (ESCCC) has been designed to provide preventative and supportive counseling and referral services to student within the school setting at Cuyahoga East Vocational Educational Consortium (CEVEC) programs. These services are provided at no cost. Information and records obtained by ESCCC are kept confidential. Services provided by our social worker Deanna Paglio, will not begin until parental consent has been obtained. Your signature will authorize your student participation in this program.

Student Name \_\_\_\_\_ Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Home School \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Parent/Legal Guardian Signature _____
Student Signature _____
ESCCC Social Worker Signature _____

## CONSENT FOR RELEASE OF INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(name) (relationship)

The above named student, hereby authorize Deanna Paglio, social worker at CEVEC to share information with CEVEC personnel and sending district personnel and maintain records about the above named student for coordination of services. I understand that the Consent for Release of Information expires at the end of current school year unless otherwise indicated herein. I also understand that I may revoke this Consent for Release of Information at any time by submitting a written statement to include my signature and the date to Deanna Paglio. The revocation does not include any information which has already been shared between the time that I gave permission to share information and the time it was cancelled. I understand that my signing or refusing to sign this will not affect the services that I am eligible for. The information disclosed is in accordance with federal and state confidentiality rules. Federal regulation (42 CFR part 2) prohibits release of drug and alcohol information without specific consent.

Parent/Legal Guardian Signature _____
Student Signature _____
ESCCC Social Worker Signature _____