

**The PATH at Carteret Middle School
Wellspring's School Based Clinical Services**

Dear Parent / Guardian:

Wellspring Center for Prevention has partnered with Carteret School District to create a safe and structured environment within the school communities to address the social, emotional and health needs of our students, ensuring that they are . **The PATH** is located at Carteret Middle School and is open to all CMS students and their families- all services are free of charge.

Our licensed mental health counselors provide counseling to address issues related to depression, anxiety, peer conflict, self-esteem, social issues, anger management and general support. Individual, family and group counseling, referral services and healthy youth development programs are offered. Any staff members not licensed as an independent practitioner is under supervision of a qualified supervisor.

If you have any questions please contact The PATH Program Director, Anna Pepe at 732.541.8960 Ext: 8008.

I consent to have my child receive services provided by The PATH Program.

I further understand that clinical documents are confidential and may only be released with consent or at the professional discretion of The PATH employee; I understand that program attendance information will be shared with school personnel.

Yes **No** I grant permission for my child to participate in **any and all services** described above.

Parent / Guardian Signature: _____ **Date:** _____

Yes **No** I grant permission for The PATH-Wellspring Center for Prevention to use my child's photo for program and / or educational purposes.

**** Important – all students may be seen by The PATH staff for a screening or crisis intervention session one time at the discretion of school personnel or at student request to resolve immediate concerns or provide evaluation. Any future interventions will require consent.**

Student Information **Please complete and return to The PATH*

Student's name (please print) _____

Address: _____

Student's Cell: _____ **Student's Date of Birth:** _____

Grade: _____ **Student's email:** _____

Parent / Guardian name: (please print) _____

Preferred telephone: Cell ☐ Home ☐ Work ☐ Telephone # _____

Email _____ **(required)**

Emergency Contact _____ **Telephone #** _____

*****Please call Lauren Balkan, PATHWAYS Director at 732.541.8960 Ext: 4304 if you have any questions or concerns. If your issue is not resolved please call Ezra Helfand, Executive Director of Wellspring Center for Prevention at 732.254.3344.***