

## **AGREEMENT BY PARENT(S)/GUARDIAN(S)**

1. I/We understand the terms and conditions that will be imposed and must be followed in order for \_\_\_\_\_ to participate in Juvenile Drug Court and hereby give permission for him/her to participate in the program subject to those conditions.
2. I/We agree to participate in Multi-family group sessions and in Family Therapy sessions.
3. I/We also understand and agree that as a condition of this program, I/We must participate in all diagnostic and treatment session that will be required by the Juvenile Drug Court.
4. I/We agree not to reveal anyone else's information that I/We learn in Court or during treatment about any Juvenile Drug Court participants or their families.
5. I/We hereby authorize the release of all information about the medical and psychological condition, diagnostic evaluation(s), and/or treatment of \_\_\_\_\_ or me/us with the understanding that the information will only be used by the Juvenile Drug Court Team for the purpose of evaluating his/her progress in the Juvenile Drug Court program.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date