



Personal Responsibility to Overcome with Understanding and Determination

PARENT INFORMATION SHEET

Participant's Name: _____ DOB _____ | _____ | _____

Address: _____

Phone #: _____ Guardian Name: _____

What does the child like to do in his/her spare time?

What is the child's strength?

What year did you see the child first become disinterested in school? What did you notice your child doing that led you to believe he/she did not like school?

Do you know all of your child's friends including all those who call the house?

Does the child have a curfew? Does s/he keep it? If not, what are the consequences?

Does the child smoke cigarettes, marijuana, or drink alcohol? If the answer is yes to any of these, what have been the consequences for such behavior?

Has the child ever been in trouble with law enforcement? What was the outcome?

Has the child ever been suspended from school? If so, what have been some of the reasons?

Is there anything else you would like us to know about your child?

Is the client currently on medication? If yes, please list all medications.

Is the client currently receiving therapy or under therapeutic care, if yes please provide agency & therapist name also reason for care.



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EMERGENCY CONTACT & TRANSPORTATION FORM

I, _____, having parental or legal authorization, give
Parent/Guardian Name
consent that _____ may be transported by a PROUD Staff
Child's Name
Member for the following purposes.

(Please check **all** that have your consent)

- A ride home only if all other transportation arrangements have been exhausted.
- If participant needs to be transported for medical or other emergencies.

In case of emergency, contact

Name: _____
Relation: _____
Phone: _____

Parent/Guardian Signature

Date



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Allergies, Medications, and Medical Conditions

Student Name: _____ Date: ____ | ____ | ____

Parent/Guardian Name: _____

Please list any known allergies your child may have (*i.e.* food, insect bites, etc.) List all medical conditions also include medications and prescribed reason.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____



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PARTICIPANT FORM

I, _____, having parental or legal authorization, give
Parent/Guardians' Name
consent that _____ may participate in the P.R.O.U.D.
Child's Name
Program.

(Please check **all** that have your consent)

___ Consented P.R.O.U.D. activities (those listed on Activities Permission Form)

___ Photograph for Positive Pictures while in the Program

In case of emergency, contact:

Name: _____

Relation: _____

Phone: _____



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Emergency Contact List

Participant's Name: _____

Age: _____

Parent of Guardian Name: _____

Telephone Number: _____

Cell Number: _____

Alternative Number: _____

Proud Office: 919-956-8366

Juvenile Court: 919-560-6824

Cindy Holmes Regional Consultant OJJDP 919-575-3039

919-810-8803



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YOUTH AND PARENT CONTRACT

I, _____, do hereby stipulate and agree with the P.R.O.U.D. Program and his designee to undertake all of the responsibilities specified hereinafter by this contract in consideration of the P.R.O.U.D. Program.

THE PARTIES TO THIS CONTRACT AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. I agree not to violate any laws of the state or municipal ordinances.
2. I agree to attend school (or education program) while involved with the P.R.O.U.D. Program. I understand that any violation of school rules resulting in expulsion would also be considered a violation of this contract.
3. I will totally abstain from the use of alcohol or controlled substances, unless prescribed by a physician, while in attendance at the P.R.O.U.D. Program.
4. I understand and agree that I will not wear, display, use, or possess any insignia, emblem, bandanna, or any article of clothing which may be considered evidence of affiliation with any street gang or satanic cult while at Program meetings, activities, or volunteer work. I agree not to wear any articles of clothing that promotes drugs, alcohol, or any illegal activities.
5. I understand and agree not to possess weapons of any description at the program meetings, activities, or volunteer work.
6. I agree to adhere to group guidelines while participating in Program meetings, and all Program sponsored activities and requirements.

The following signature attest that the youth agrees to participate in the P.R.O.U.D. Program and agrees to the conditions of the Program as outlined above.

Date _____
Youth's Signature

I understand that this is a partnership between me and the staff of the Program. I agree to assist him/her adhere to the conditions outlined above. I agree to support the P.R.O.U.D. Program in its efforts to provide positive alternatives by attending special meetings which are designated to build better relationships between youth and parents/guardians as well as better relationships between parents/guardians and the staff of the P.R.O.U.D. Program.

Date _____
Parent/Guardian Signature

Date _____
Director's Signature



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RELEASE OF CONFIDENTIAL FILES

In regards to:
Name: _____ DOB: ____ | ____ | ____

I hereby, as parent/guardian/legal custodian, of the above named minor, freely give consent to:

Name: **Quillie Coath, Jr. Director(s) of agency**

Agency: **Durham PROUD Program**

Address: **118 E. Main St, Durham, NC 27701**

To release the information requested below that is identified by a mark in the appropriate space, (signify denial of consent in the same manner). I understand that this release of information will Remain in effect until at which the above named **minor successfully completes the PROUD Program.**

Person authorizing release (Please Print)

Name: _____
First Middle Last

Authorizing Signature Date

TYPE OF INFORMATION TO BE RELEASED

| Consent Granted | Denied | School Use |
|--------------------|--------|--|
| _____ | _____ | _____ Official Permanent Records |
| _____ | _____ | _____ Teacher/Counselor Observation & Ratings |
| _____ | _____ | _____ Treatment Plan or IEP |
| _____ | _____ | _____ Discipline Reports |
| _____ | _____ | _____ Psychological Evaluations |
| _____ | _____ | _____ Permission to discuss case over the telephone |
| _____ | _____ | _____ Authorization to release criminal history/record from Juvenile Court or Law Enforcement |

MENTAL HEALTH, SOCIAL SERVICES, JUVENILE COURT, and DPS

| Consent Granted | Denied | School Use |
|--------------------|--------|---|
| _____ | _____ | _____ Counselor Observations, Evaluations, Opinions, and Recommendations |
| _____ | _____ | _____ Psychological/Psychiatric Evaluations |
| _____ | _____ | _____ Chemical Dependency Evaluations (s) |
| _____ | _____ | _____ Medical Records |
| _____ | _____ | _____ Permission to discuss case over the telephone |