

## Agreement to Receive Counseling Services

Foxfire Student:

As a student of Foxfire I understand an integral part of my education may be to address any issues I have. By signing this form I agree to random urine screens when requested by a staff member of Foxfire. I also may be asked to complete a drug/alcohol assessment and attend individual and group counseling sessions. If I refuse these services I may be subjected to disciplinary actions.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foxfire Parent:

As a parent of a student at Foxfire School I am aware my child may be requested to complete random drug screens. I agree to these random screenings as well as a drug/alcohol assessment and individual/group counseling sessions for my child if their behavior indicates a need for such.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_