



# V.A.P.E Permission Slip

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health or Allergy Concerns: \_\_\_\_\_

Parent's Email address: \_\_\_\_\_

REFERRING SCHOOL ADMINISTRATOR: \_\_\_\_\_

**The V.A.P. E. Class is a one time, 1 ½ hour class that will run monthly in either Fall River or New Bedford. Once the permission slip is signed and sent to South Coast Youth Courts, you will be contacted with the Date, Time and Location of the class. Your child will be given a paper at the end of the class that will need to be given to the school administrator that sent them to the class for their completion. The information in the class covers vaping as well as other substances as well as the health concerns and the ramifications of addiction.**

*I understand by signing below, I agree to allow my child to participate in the VAPE program and will make sure that my child will be dropped off and picked up for the class. I understand that if my child does not show up or does not complete/ turn in the paperwork, there may be repercussions from the school administrator.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby give permission for my child's photograph to be taken in connection with the program to be used for presentations or websites. I understand the best way to acknowledge youth doing great things is through the media. Students' names will not be used.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

South Coast Youth Courts  
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