



School of Conflict Management,  
Peacebuilding and Development



**Social Skills Training  
Participation Consent Form**

This consent form describes all of the components of the Children & Family Program Social Skills Training. Please read each page carefully, and initial each page at the bottom on the line provided.

1. I agree to have my child, \_\_\_\_\_, participate in the Children & Family Program Social Skills Training (CFP), and I agree to cooperate as fully as possible with the CFP staff during the program.

2. I agree to allow my child's physician, \_\_\_\_\_, my child's school, \_\_\_\_\_, my child's therapist, \_\_\_\_\_ or \_\_\_\_\_ to release relevant information (including medical and psychological history, intellectual and achievement testing, school records and teacher reports, etc.) to the program staff as it gathers diagnostic information on my child. I also understand that I may be asked to complete questionnaires regarding a number of aspects of my child's behavior and/or family. I understand the purpose of this is to gather information that might help to understand my family and child to facilitate program and service planning and evaluation. My child may also be asked to complete questionnaires that assess issues related to ADHD, response to intervention, or social relationships. I understand that the purpose of these ratings is to monitor my child's progress in the program and our services for children with behavior and learning problems. I understand that all the information gathered regarding my family and my child will be treated confidentially and information identifying characteristics will be shared only with designated CFP staff, and with my permission, with my child's physician, school, and outside therapist.

3. I understand that the program will run rain or shine. It will meet at Logan Park Farm Expansion 4405 Cherokee St, Acworth, GA 30101. Mondays, from 3:30 PM until 4:30 PM. There will be no make-ups for missed days.

4. I understand that my child will receive feedback focused on five goals:

- (a) Assisting my child to develop the social skills, problem-solving skills, and social awareness necessary to enable him or her to get along better with other children;
- (b) Assisting my child appropriate behaviors for success in classroom situations so as to enhance academic performance and productivity;
- (c) Assisting my child to follow through with instructions, to comply with adult requests, and to complete tasks that he/she may commonly fail to finish;
- (d) Assisting my child to improve my self-esteem by teaching him or her competencies in academic, recreational and other task-related areas;
- (e) Educating parents in how to develop, reinforce, and maintain these positive changes.

5. I understand that counselors and other staff will monitor my child for appropriate and inappropriate behaviors and provide immediate behavioral feedback to my child about these behaviors. I further understand that these behaviors will be tracked by counselors, may be targeted on a report, and will be used to determine whether my child earns

Initials \_\_\_\_\_

certain privileges, social honors, or other rewards, as recesses and a fun on-site (or off-site) “field trips.” The behaviors for which my child may receive feedback for include: (1) following rules; (2) paying attention during activities; (3) behaving appropriately for a specified period of time; (4) good sportsmanship; (5) complying with commands; (6) helping another person; (7) sharing; (8) contributing positively to group discussions; and (9) ignoring provocations and insults. Examples of inappropriate behaviors that may be monitored and reduce rewards include: (1) breaking rules; (2) being a poor sport; (3) physical aggression; (4) destruction of property; (5) noncompliance with adult commands; (6) stealing; (7) teasing other children; (8) talking back to staff members; (9) swearing; (10) lying; (11) leaving his or her group without permission; (12) interrupting others; and (13) whining and complaining. I understand that this type of program is a token reinforcement or point system, and that this type of program is generally called behavior modification or behavior therapy.

6. I understand that my child will also participate in instruction on social skills. That instruction will include direct instruction, modeling, role-playing, and practice in concepts that may include communication, participation, cooperation, validation, frustration management, conflict resolution, development of group identity, dyadic conversation, entering and ongoing interaction, ignoring negative provocation, and social reinforcement. The skills and strategies taught will be monitored and reinforced during group activities.

7. I understand that my child will also be taught group problem solving skills. This may involve teaching my child the following four-step procedure: (1) identification of problems that interfere with their group functioning; (2) discussion and negotiation skills through which a resolution to the problem can be reached; (3) development of written contracts that specify the problem, its resolution, and the consequences that are to be applied if the contract is kept or broken; and (4) evaluation and modification of the contracts. I understand that many of the contingencies, both positive and negative, that are specified in the contracts are group contingencies; that is, they apply to the entire group of children who wrote the contract rather than solely to individuals within the group. I understand, however, that individual contracts may be developed with my child should that be deemed appropriate by CFP staff (See point 14 below).

8. I understand that my child may be punished for certain behaviors. Punishment will take the form of time out from ongoing activities or loss of privileges. I understand that *time out* means that my child will sit by the side of the activity in which his or her group is engaged for a period ranging from 5 minutes to 60 minutes or longer, depending on the child's age and the degree of the child's compliance with the time-out procedure. I understand that my child will receive time outs as a consequence for physical aggression, destruction of property, and repeated noncompliance. I further understand that if my child exhibits aggressive, self-injurious behavior or dangerous behavior (e.g. running away), he or she may be physically restrained by his or her counselor in order to prevent injury to the child or others.

9. I understand that my child may receive a Daily Report Card that will describe the kind of day my child has had in the program. I understand that I will be expected to provide a positive consequence of some kind for my child's reaching his or her goals on the Daily Report Card, and I agree to do this.

10. I understand that my child will participate in age-appropriate activities, such as group sports, and that these activities will typically occur in a group with approximately 14 other children and 3 counselors. The approaches, interventions and consequences described above will be implemented throughout these activities. The counselors are undergraduate and graduate students who have successfully completed an intensive training program and who receive supervision from the CFP professional staff.

11. I understand that an option that may be utilized for our program is homework time. The academic materials will include reading, arithmetic, language arts, writing, spelling, or other academic areas as necessary, as provided by the parent. In addition, I understand that my child may participate in peer tutoring activities to improve his or her reading skills. I understand that the purpose of my child's participation in the academic learning center is not only to attempt to remediate specific academic deficits if present but also to develop successful classroom behaviors such as following classroom rules, following directions, completing assignments, and staying on task.

12. I understand that my child may participate in age-appropriate activities, including group sports such as softball, soccer, and basketball, and that these activities will occur in a group of children and counselors.

13. I understand that after the sixth week after admission, my child may take a field trip to another site and that my child must earn the privilege to take such a trip. I give permission for my child to take a field trip if he or she has

Initials \_\_\_\_\_

earned it. I understand that if my child fails to earn the field trip he or she will remain behind and will participate in alternative activities.

14. I understand that the CFP staff members may develop individualized programs for my child under some circumstances. I understand that individualized programs that differ substantially from the items described herein will be discussed with me in advance of their implementation.

15. I understand that the various components of the CFP program may be implemented in varying degrees during the social skills program. Thus, there may be times or situations in which my child does not receive points or feedback regarding his or her behavior. For example, at recess a simple set of rules are enforced and children sit out for violating the rules. Similarly, the point system is typically not employed during field trips. I understand that the purpose of these periods is to assess the degree to which my child is responding to the program.

16. I understand that one component of the CFP social skills training is usually a weekly parent group. These groups teach strategies to help create consistency between CFP interventions and behavioral expectations in my child's home. By registering for social skill only, I understand that I am missing a component of the full social skills program. I understand that, in some cases, I may be asked by staff to reward or remove privileges at home for behavior that occurs during a CFP social skills session. In these cases, staff members will fully discuss the rationale for extending an intervention into the home prior to its implementation.

17. **What to Bring: I understand that my child needs to bring a snack and water bottle in a backpack on meeting days, and that my child should dress appropriately for active, outdoors activities. Sneakers are strongly recommended. I understand that the CFP will provide all other equipment.**

18. **I understand that I am responsible for providing transportation for my child to and from the CFP site, and I agree to have my child at the program site by 3:30 PM and to pick him/her up 4:30 PM daily. I understand that I will receive brief feedback from the CFP staff regarding my child's behavior.**

19. I have described and explained the CFP social skills training and its purpose to my child, and my child is willing to participate.

20. I understand that I am financially responsible for any damages that my child causes to the facilities used during the CFP social skills training. This includes the building(s) and its contents, vehicles, program materials, and equipment. I understand that I am also financially responsible for any damages that my child causes to someone else's personal property during the program. I understand that the CFP will not assume financial responsibility for damages done to property or possessions by any child enrolled in the program.

21. I understand that I am free to terminate my involvement and my child's involvement in the program at any time and for any reason. *However, I further understand that termination of my and/or my child's involvement in the program does not release me from my financial obligation as outlined in my financial interview.* I understand that once I have signed this agreement I am responsible for payment of the amount agreed upon in my financial interview even if I withdraw my child from the program before it is completed.

22. I understand that my child may be terminated from involvement in the CFP social skills training for any one of a number of reasons that include but are not limited to the following: repeated tardiness, unexcused absences, my failure to follow staff recommendations, and my own disruptive or otherwise inappropriate behavior. I understand that my child may also be terminated from participating if his or her behavior is judged by the Program Director and clinical staff to be too disruptive to be adequately managed in a group setting and interferes with the delivery of the program to other children. In the very unlikely event that my child is terminated from the program, I will not receive reimbursement for tuition.

\_\_\_\_\_  
Parent/Guardian 1 Name (Print)

\_\_\_\_\_  
Parent/Guardian 2 Name (Print)

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Parent/Guardian 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Initials \_\_\_\_\_

**Social Skills Program**

**Financial Agreement**

1. The cost of the Social Skills Program being conducted by the Children & Family Programs at Kennesaw State University is \$360. This covers the cost for conducting the Social Skills Program.
2. A \$360 amount must be paid in full before beginning the program, and is required to reserve your child's space in the program.
3. Cash, checks, money orders, Visa, MasterCard, Discover, and American Express are accepted forms of payment. Check should be made out to "Kennesaw State University". Please enter "CCM CFP" in the memo section of your payment.
4. You may pay online by selecting and adding "Social Skills" to your cart at [https://epay.kennesaw.edu/C20923\\_ustores/web/product\\_detail.jsp?PRODUCTID=1841&SINGLESTORE=true](https://epay.kennesaw.edu/C20923_ustores/web/product_detail.jsp?PRODUCTID=1841&SINGLESTORE=true)

**By signing below, I agree to the terms and conditions noted above.**

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Initials \_\_\_\_\_



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**EMERGENCY INFORMATION/CONSENT TO TREAT AND RELEASE**

I hereby certify that my child, \_\_\_\_\_(name) \_\_\_\_\_(date of birth), is in good health and fully able to participate in all activities of the 2017 Children & Family Programs (CFP). I agree the CFP, Kennesaw State University, and Logan Farm Park will not be held responsible for any accident or loss to the child, however caused, and hereby release CFP, Kennesaw State University and Logan Farm Park from all claims, damages, or risks attendant to watching and/or participating in the program activities, including but not limited to bodily injury.

I authorize the staff of the CFP to provide first aid treatment as needed to my child and to call an ambulance as CFP deems necessary to take my child to the emergency room of the nearest hospital. Further in the event of an injury to said child, and I cannot be reached, I hereby grant authorized medical professionals the right to administer necessary emergency treatment to my child.

I understand that a copy of this form is as valid as the original.

This is to be effective from \_\_\_\_\_ through \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date: mm/dd/yyyy)

**Emergency Contact Information**

	Parent/Guardian 1	Parent/Guardian 2	Emergency Contact
Name			
Home Phone			
Work Phone			
Cell Phone			
Email			

Child's Primary Doctor: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Initials \_\_\_\_\_

**Medical Insurance Information**

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have any medical issues?    YES                  NO

If YES, please indicate what medical issues he/she has: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child asthmatic?    YES                  NO

Does your child take any medication(s)?    YES                  NO

If YES, please indicate what medications, dose, and time given:

Medication	Dosage	Time(s) Given

\*Note: If your child needs to take any medications during the programs hours, **he/she must have a completed "Physician Consent" on file.**

My child is allergic to the following and displays the following signs in the event of an allergic reaction:

Allergies	Signs of an allergic reaction

Please indicate any restrictions/limitations (physical activities, etc.) \_\_\_\_\_

\_\_\_\_\_

Initials \_\_\_\_\_



**Kennesaw State University  
Waiver and Release**

**Event Description:**

Event:

Date(s):

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

**LIABILITY RELEASE, INDEMNITY AND PROMISE NOT TO SUE:**

I, the undersigned below, in consideration of my and/or my child's or ward's participation in the Event(s) referenced above and any related activities thereto including training, preparation, and travel (separately and collectively, the "Event"), wherever the/these Event(s) may occur, acknowledge that I am aware that as a result of my or my child's or ward's participation in the Event, there exists the potential for injuries including but not limited to scrapes, bruises, broken bones, and various injuries to the body, and I freely assume on my own and/or my child's or ward's behalf all risks incidental to such participation.

In consideration of my and/or my child's or ward's participation in the Event and in my own and/or my child's or ward's behalf, and on behalf of my and/or my child's or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my or my child's or ward's participation in the Event and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. This agreement to indemnify shall extend to any claim filed by my child or ward upon reaching the age of majority. I, for myself and my child and/or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation. I declare that I or (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such related and associated activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are: Kennesaw State University, the Board of Regents of the University System of Georgia, all Event sponsors, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I also acknowledge that persons employed by Kennesaw State University may take photographs and/or videos of my participation and allow the use of these materials on behalf of the University without limitation or compensation including the release of my and/or my child's name.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the Superior Court in and for Cobb County, Georgia.

I certify I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

**I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.**

**Participant Information: (Please PRINT)**

**Name:** \_\_\_\_\_

**Emergency Contact and Phone Number:** \_\_\_\_\_

If participant is 18 or over:

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If participant is under 18:

**Name of Parent/Guardian:** \_\_\_\_\_

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