KENT COUNTY HEALTH DEPARTMENT

700 Fuller, N.E.

Grand Rapids, Michigan 49503

PHONE 616/632-7228 - FAX 616/632-7085

Adam London, PhD, R.S., D.A.A.S.
Administrative Health Officer

Nirali Bora, M.D.
Medical Director

Prime For Life Program

For youth with their first Minor In Possession (MIP) charge.

I hereby consent to participate in a virtual Prime for Life Program provided by the Kent County Health Department and release information about my participation in the program to the Juvenile Probation Officer from the Family Division, 17th Circuit Court.

I understand my rights of confidentiality apply to participating in the Prime for Life program. This program may involve the discussion of my personal events and learning of information about other participants to the extent permitted by law. Due to the nature of this program, I will find a setting that is as private as possible to limit distractions.

I have read, understand, and consent to the terms of participation in this Program.

Parent or Guardian (if under age 18)

I,_____, do hereby state that I am the natural parent or legal guardian of the participant; therefore, I am authorized to make this request that my child to participate in this Program and I hereby give my consent.

_____ **Date: _____**
(Parent/Guardian Signature)

Participant Signature (if over 18)

I, _____, give my consent to services mentioned in this form.

_____ **Date:_____**
(Participant Signature)