



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

JJIS \_\_\_\_\_

## SAMPLE YOUTH CONSENT FOR SUBSTANCE ABUSE TREATMENT

I, \_\_\_\_\_ hereby consent to substance abuse  
(Name of Youth)

treatment provided in the Department of Juvenile Justice (DJJ) facility or program

at \_\_\_\_\_  
\_\_\_\_\_ ( DJJ facility/program name and address)

I understand that my substance abuse treatment will include, but not be limited to, substance abuse assessments, drug education, individual and group counseling, relapse prevention, and life skills training.

I understand that my substance abuse treatment will be confidential, with the exception that my substance abuse assessment results and treatment progress shall be made available to my juvenile probation officer, the court system and DJJ personnel or agents involved in providing, coordinating or monitoring my treatment.

I understand that I can revoke this consent at any time, and further understand that revocation of my consent shall result in termination of my substance abuse treatment or return to court.

This consent will automatically expire the date on which my substance abuse treatment is complete.

\_\_\_\_\_  
(Signature of Youth)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Designated Staff Member)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date)