ASYSST is a Safe Space

where students can talk openly. We offer an environment that is convenient and comfortable. We also offer confidential assistance. We cannot disclose a student's private information to anyone without your expressed written consent, except where disclosure is required by law.

If you are *suicidal*, *homicidal*, *under the influence of drugs/ alcohol*, *being abused/ neglected or to report abuse of another minor,* ***we are required by law to keep you safe.***

Participation Requirements

Parental consent forms can be found in ASYSST room #100, the Main Office, and on Virtual Back Pack.

Our Staff

Program Director
(609) 538-9800 Ext. 2175

Mental Health Clinician
(609) 538-9800 Ext. 2171

Youth Development Specialist
(609) 538-9800 Ext. 2173

Located at:

Ewing High School
900 Parkway Avenue
Ewing, NJ 08618

Managed by:

MERCER COUNCIL
ON ALCOHOLISM AND DRUG ADDICTION

Envisioning a healthy, safe, and responsible community.

Funded by:

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Www.nj.gov/dcflfamilies/school/

ASYSST

Available School Youth Services Support Team

A.S.Y.S.S.T
Available School Youth Services Support Team

Helping Ewing High School students navigate their high school years!

We empower and equip students to accomplish their goals and become academically successful through mental health counseling, positive youth development, and support services!

ASYSST is located in Room 100 on the campus of Ewing High School,
900 Parkway Ave., Ewing, NJ 08618

For more help finding us, ask the guidance office, the main office or give us a call!

Consent of Liability

To participate in activities and services provided by ASYSST. I also acknowledge that my child's treatment information may be shared with school personnel and ASYSST staff if necessary for additional treatment.

I will assume absolute responsibility for my child's behavior and observance of safety rules while participating in all activities. It is my understanding that proper conduct applies at all times.

I understand that every attempt will be made to contact me and/or the authorized individuals listed in the event of an accident or injury. If it is not possible to contact me or these persons to authorize emergency treatments, if deemed necessary by an attending physician, I hereby authorize treatments to be given.

- Is your son/daughter currently taking medication or receiving treatment for a medical/mental health condition?: **Yes or No** (circle one). If yes, please list condition and medication:
  _____
- Is your son/daughter supported by other State of New Jersey services?: **Yes or No** (circle one). If yes, please specify:
  _____

Video/Photo Release
(optional-please initial)

_____ I give consent for my child to have their video/photo taken for ASYSST related purposes.

I have read the above and agree to it contents and further agree to absolve ASYSST and its managing agency of any and all liability.

X_____ Date:__/__/__

Signature of Parent/Guardian or Student if 16

ASYSST SERVICES INCLUDE

These are just some of the services we provide to the students of Ewing High School:

Counseling

Individual, Family & Group
Crisis Intervention
Bereavement
Separation Anxiety
Stress & Anger Management
Relationship Support
Clinical Groups
Substance Abuse

Health Service

Primary & Preventive Health Referrals
Pregnancy Prevention Programs

Groups

Employment Counseling
Learning Support
Brothers of a New Direction (B.O.N.D)
Sisters of a New Generation (S.O.N.G.)
Recreation

And many more to come!

Student/Parent/Guardian Information

Student Information
(Please print and complete fully)

First Name:_____
Last Name:_____
Address:_____
City/State/Zip:_____
D.O.B.:___/____/___ Age:_____
Gender:_____ Current Grade___
Ethnicity:_____
Home Phone:_____
Cell Phone:_____
Medical Insurance Provider:

_____

_____

Parent/Guardian Information & Emergency Contact

***Full Name:*_____**
Home Phone:_____
Cell Phone:_____
Email:_____

2nd Contact Name:(if applicable)_____
Home Phone:_____
Cell Phone:_____
Email:_____