

**YAAS!**  
P.O. Box 1981  
Friday Harbor, WA 98250

**AUTHORIZATION FOR SERVICES**

I give permission for myself or my youth to participate in the YAAS! Program.

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Young Adult or Parent or Legal Guardian Signature Date

I understand that my participation in the program is completely voluntary and that I may terminate this authorization at any time. I understand that my consent is required to discuss or release any information about me or my family to agencies or individuals (*exception: Family Resource Center staff and volunteers are required by law to report any known or suspected child abuse or neglect, or if any known life is in danger, with or without the consent of the individual or parents*). I understand that this consent does not authorize the agencies/individuals listed below to discuss or exchange information with anyone other than Family Resource Center staff. I understand that I can have a copy of this consent form upon request and may terminate this consent at any time (*a written indication of your wishes is required*).

I hereby give my consent for YAAS! staff to discuss and exchange information with the agencies/individuals listed below.

- \_\_\_\_\_ Sherwood Community Services
  - \_\_\_\_\_ Developmental Disabilities Administration
  - \_\_\_\_\_ Mental Health Agencies
  - \_\_\_\_\_ San Juan Island School District
  - \_\_\_\_\_ Other \_\_\_\_\_
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Young Adult or Parent or Legal Guardian Signature Date