



New Hanover County Sheriff's Office

Sheriff Ed McMahon

3950 Juvenile Center Road

Castle Hayne, North Carolina 28429

Phone: (910) 798-4200

FIRST CHOICE PROGRAM CONSENT AND RELEASE FORM

I, _____, as a parent, guardian, or custodian of

(print full name of parent or guardian)

_____, age _____ agree to participate in the

(print full name of child)

First Choice Program. I understand that the program is specifically designed for participants to learn about the realities of confinement in a Detention Facility. Detention Officers and Deputies from the New Hanover County Sheriff's Office will be with the participants and conducting the tour of the jail. Participants may be subject to verbal abuse as well as physical intimidation from inmates, as part of the program.

As the parent, guardian, or custodian, in consideration of my child's participation in the program, I consent to said participation in the 'First Choice Program' and agree to hold harmless and do hereby release New Hanover County and the New Hanover County Sheriff's Office, and all agents and employees of each, from any and all claims or liability which might arise from any personal injury while participating in the program at the New Hanover County Detention Facility.

As the child being permitted to participate, I consent and agree to said participation.

This _____, day of _____, 20_____

Signed: _____: Full name of parent or guardian

Signed: _____: Full name of child



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FIRST CHOICE PROGRAM QUESTIONNAIRE

The following questions were created to assess the needs of your child and the 'First Choice Program' which is being offered by the New Hanover County Sheriff's Office. This information will help us determine if the program will benefit your child. Spaces are limited and filled on a first come basis. Please print all information other than signatures. Thank you in advance.

What is your child's full name: _____

What is your child's current address: _____

What is the gender of your child? Male Female

Race: _____ Age: _____ Date of birth: ____/____/____

Name of current school: _____

Current grade level: _____ What is your child's grade average: A B C D F

With whom does your child live with

Both Parents Mother Only Father Only

Grandparents Aunt/Uncle Family Friend

Other: _____

Name of parent(s) or guardian(s): _____

Mailing address: _____

Home phone: _____ Cell: _____



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Has your child ever received Professional Counseling for his/her behavior? Yes No

Are you concerned your child might be in a gang? Yes No

Are you concerned your child is associating with the wrong crowd or people? Yes No

Has your child formed different friendships that concern you? Yes No

Has your child run away from home? Yes No

If yes, what length of time was he/she away? _____

Describe in detail the problems and/ or behaviors of your child (Examples: stealing, assault, being disrespectful, rebelling, etc.) _____

Medical conditions and or problems (Ex: asthma, seizures, depression, disorders, broken/sprained extremities, medications)
