

PARENT CONTACT ACKNOWLEDGEMENT FORM (SAMPLE)

Parent/Guardian/Caregiver(s) Contact Acknowledgement and Plan of Action Form

Student Name/ID#: _____

Date: _____

School: _____

Grade: _____

DISCLOSURE: This School District is not responsible for costs associated with any medical or mental health services that may be recommended.

This form is to verify that I have spoken with a school staff member on _____ [date], concerning my child's potential suicide risk.

I understand that:

My child was screened by a qualified school staff member for possible risk of suicide; **AND**

The school recommends that I (check all that apply):

- Consider mental health resources in the community.
- Contact my child's current mental health professional (therapist, case manager, psychiatrist, etc.).
- Provide a signed Release of Information to the school authorizing communication with my child's mental health team.
- Take steps to reduce my child's access to lethal means at home.
- Take my child for further clinical assessment immediately.
- Attend a re-integration/follow-up support meeting with school personnel to develop a safety plan and discuss any ongoing needs.
- Other: _____

I further understand that:

I am responsible for taking the actions necessary to ensure my child's continued safety; **AND**

I agree to (check all that apply):

- Consider mental health resources in the community.
- Contact my child's current mental health professional (therapist, case manager, psychiatrist, etc.).
- Provide a signed Release of Information to the school authorizing communication with my child's mental health team.
- Take steps to reduce my child's access to lethal means at home.
- Take my child for further clinical assessment immediately.
- Attend a re-integration/follow-up support meeting with school personnel to develop a safety plan and discuss any ongoing needs.
- Other: _____

I understand that a school staff member will follow up with me and my child no later than _____ [date].

Parent/Guardian Signature: _____

Date: _____

Staff Member Signature: _____

Date: _____