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: __________________

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