Parent Contact Acknowledgement of Student at Risk of Suicide or Harm to Self/Others
This form is to be completed by school staff and parent/guardian.

DATE: _____

Parent/Guardian: _____ **Student ID:**_____

As the parent/guardian of _____. I understand that I have the
(Print the last, first name of the student)
authority to make decisions on behalf of my child and have the authority to sign this document.

Parent/Guardian *(Initial all that apply)*

_____ I acknowledge that I spoke to a school staff member who advised me on (date/time) _____ that my child has expressed suicidal ideation, including concerns about my child's risk of potential harm to self and/or others.

_____ I understand that I have been advised to take my child to be seen immediately by a health or mental health provider for evaluation and any treatment by the provider.

_____ I understand that I have been advised to keep my child under surveillance until he/she has been seen by a licensed mental health professional or released by a Medical provider following hospitalization.

_____ I have been informed of the need to remove all means that can be used for self-harm (guns, medications, pills, poisons, knives, sharp objects, available medications, etc.) from my home as a precautionary measure until it is determined by a mental health professional that my child is no longer at risk.

_____ Other: I agree to: _____
_____

I understand that any referral information provided to me that identifies medical, mental health, or related health providers is meant for my consideration only and is not a requirement that I use these providers. I am free to select other providers of my choice. The school/district is not responsible for evaluation expenses for any service providers.

Parent/Guardian Print Name	**Parent/Guardian Signature**	**Date**

Parent/guardian declines recommendations provided by staff or those outlined on this form.

_____ I _____ have been informed that my child, mentioned above, has been assessed for suicidal risk, self-harm, and/or others. I understand that I have been advised to seek and consult a licensed mental health provider for further psychiatric evaluations and mental health support.

_____ I decline the school's recommendation and will not hold the school district responsible should my child, mentioned above, act out on any self-injurious behaviors or act on his/her suicidal thoughts or intent.

Parent/Guardian Print Name	**Parent/Guardian Signature**	**Date**

OFFICE USE ONLY: Verbal disclosure *(For students with Intent and/or Plan, staff must explore all options to get parents on campus.)*

Informed parent over the phone. Date:_____ Efforts to engage parents in person and on campus include:

- ☐ Parent was at work and unable to leave
- ☐ Other family members are not available
- ☐ Parent gave consent to other family members coming to school: Name and relationship:_____
- ☐ Parent agrees with assessment and recommendations
- ☐ Parent disagrees: Why_____
- ☐ Other: _____

School/district staff notifying the parent/guardian.

Print Name & Title	**Signature**	**Date**
	/	/