

Parent Notification Form

Use this form to share information with parents/guardians after a suicide risk assessment.

Details

School name: _____

Student name: _____

Student date of birth: _____

Today's date: _____

Parent/guardian full name: _____

Phone number: _____

Email address: _____

As the parent/guardian of (Student name) _____, I understand that my child has expressed suicidal ideation and may be at risk of suicide.

I understand that I have been advised to follow the steps below and contact the appropriate medical and/or mental health provider for evaluation and any treatment recommended by the provider.

(Staff member name) _____ will follow up with me and my child within one week from the date of this letter, as well as other times determined by the staff member.

I understand that any referral information provided to me for medical, mental health, or related health providers is meant for my consideration only and 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.

Date of student interview: _____

Interviewer name(s): _____

Mental health referral information

List contacts:

Steps the parent/guardian is taking to keep the student safe

List steps:

Emergency contacts outside of school, in case of a crisis

List contacts:

School and community resources

List resources (with contact information):

Signatures

Parent/guardian signature: _____

Parent/guardian name: _____

Date: _____

School staff and administration

Staff member signature: _____

Staff member name: _____

Date: _____