



# Emergency Notification of Student in Crisis

Date \_\_\_\_\_ School \_\_\_\_\_

School Personnel \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_, the parents of \_\_\_\_\_ have been advised that our child has expressed thoughts of self-harm, has engaged in self-harming behavior, or made homicidal threats. We have been further advised that we should seek some psychological/psychiatric consultation immediately. We have been provided with a list of Emergency Resources for Crisis Care. We understand that the school district is not responsible for the provision of these services, but is alerting us to this emergency just as they would inform us of any health problem.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*School Personnel Signature*

We have received a Safety Threat Assessment to assist in receiving mental health services.

\_\_\_\_\_  
*Parent/Guardian's Initials*

<b>Third Party Statement</b> <i>(describe activity or incident personally observed)</i>		
_____ <i>Third Party Statement Provider Signature</i>	_____ <i>Printed Name</i>	_____ <i>Title</i>

## Student Return to School

We will contact the counselor in advance of our child's return to school to formulate a Student Re-entry Plan and provide a copy of this form with completed provider acknowledgement.

\_\_\_\_\_  
*Parent/Guardian Initials*

\_\_\_\_\_  
*Counselor's Printed Name*

\_\_\_\_\_  
*Phone Number and/or email address*

**Provider Acknowledgement:** I received/reviewed a copy of the Emergency Notification of Student in Crisis.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Agency Name (if applicable)*



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