Emergency Notification of Student in Crisis

Date:__________________________ School:_______________________________________________

School Personnel:___________________________________ Title:____________________________________

____________________________________________________________________________________

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 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 Initials

Third Party Statement (describe activity or incident personally observed)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Third Party Statement Provider Signature_________________________________ Printed Name________________________ Title:________________________

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 acknowledgment.

Parent/Guardian Initials

Counselor’s Printed Name________________________ Phone Number and/or Email Address

Provider Acknowledgment: I received a copy of the Emergency Notification of Student in Crisis.

Name________________________ Title________________________ Date________________________

Agency Name (if applicable)