



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 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)