Date: _______________________

I/we, __________________________________________________________, the parents of

(Parent’s Name)

_______________________________________________________________ were involved in a

conference with school personnel at ________________________________________________

(School Name)

We have been advised that our child appears to be at risk for suicide and/or self harm. We have
further been advised that we should seek psychological/psychiatric consultation immediately.
We have been provided with a list of resources. 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 or Legal Guardian

____________________________________________
Parent or Legal Guardian

____________________________________________
School Personnel, Title

____________________________________________
School Personnel, Title