

Parent Notification of Emergency Conference

Date:		
l/we,		, the parents of
,	(Parent's Name)	·
		were involved in a
	(Student's Name)	
conference with school p	ersonnel at	
		(School Name)
further been advised that We have been provided	t we should seek psych with a list of resources. sion of these services, k	to be at risk for suicide and/or self harm. We have nological/psychiatric consultation immediately. We understand that the school district is not but is alerting us to this emergency just as they
Parent or Legal Guardian		
Parent or Legal Guardian		
School Personnel, Title		
School Personnel, Title		