

PARENT CONTACT ACKNOWLEDGEMENT FORM

Student Name: _____

Date of Birth: _____ Grade: _____

School: _____

This is to verify that I have spoken with a member of the school's mental health staff, _____, on _____ concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ will follow up with me, my child, and the mental health care provider to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Parent Contact Information:

Phone: _____ Email: _____

School Staff Member Signature: _____ Date: _____