**PARENT CONTACT ACKNOWLEDGEMENT FORM (SAMPLE)**

**Parent/Guardian/Caregiver(s) Contact Acknowledgement and Plan of Action Form**

**Student Name/ID#:**

**School:**  **Date:**

**Grade:**

*DISCLOSURE: This School District is not responsible for costs associated with any medical or mental health services that may be recommended.*

This form is to verify that I have spoken with a school staff member on [date], concerning my child’s potential suicide risk.

**I understand that:**

[ ]  My child was screened by a qualified school staff member for possible risk of suicide; **AND**

**The school recommends that I** (check all that apply)**:**

[ ]  Consider mental health resources in the community.

[ ]  Contact my child’s current mental health professional (therapist, case manager, psychiatrist, etc.).

[ ]  Provide a signed Release of Information to the school authorizing communication with my child’s mental health team.

[ ]  Take steps to reduce my child’s access to lethal means at home.

[ ]  Take my child for further clinical assessment immediately.

[ ]  Attend a re-integration/follow-up support meeting with school personnel to develop a safety plan and discuss any ongoing needs.

[ ]  Other:

**I further understand that:**

[ ]  I am responsible for taking the actions necessary to ensure my child’s continued safety; **AND**

**I agree to** (check all that apply)**:**

[ ]  Consider mental health resources in the community.

[ ]  Contact my child’s current mental health professional (therapist, case manager, psychiatrist, etc.).

[ ]  Provide a signed Release of Information to the school authorizing communication with my child’s mental health team.

[ ]  Take steps to reduce my child’s access to lethal means at home.

[ ]  Take my child for further clinical assessment immediately.

[ ]  Attend a re-integration/follow-up support meeting with school personnel to develop a safety plan and discuss any ongoing needs.

[ ]  Other:

I understand that a school staff member will follow up with me and my child no later than \_\_\_\_\_\_\_\_\_\_\_\_\_[date].

**Parent/Guardian Signature:**   **Staff Member Signature:**

**Date:**

**Date:**