**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:**