



PARENT CONTACT ACKNOWLEDGEMENT FORM

Sample

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

I have been notified that my child has expressed thoughts or displayed actions of a suicidal threat. I understand that by signing this form, I am acknowledging that the school is fulfilling its duty to notify me regarding matters involving my child's safety. I have been advised to seek the services of a primary care doctor, mental health agency, or therapist immediately *and* not to leave my child alone for a minimum of 24 hours. Payment for services requested will be the responsibility of the parent/guardian.

Parent Signatures: _____

Date: _____

Parent Contact Information:

Phone: _____

Email: _____

School Staff Member Signature: _____

Date: _____

Available Resources:

IF immediate help is needed, please call 911

SCC Suicide and Crisis text RENEW to 741741 or 1-855-278-4204

[Mobile Crisis Response Team](#)

Call 1-800-704-0900, Select option #2

Monday – Friday, 8:00 a.m. – 8:00 p.m.

From DiCara, C., O'Halloran, S., Williams, L. & Canly--Brooks, C. (2009). Youth Suicide Prevention, Intervention & Postvention Guidelines (p.45). Augusta, ME: Maine Youth Suicide Prevention Program.