SAMPLE - PARENT CONTACT ACKNOWLEDGEMENT FORM

Student Name: ____________________________ Date of Birth: ________________

School: ____________________________ Grade: ________________

This is to verify that I have spoken with a member of the school’s mental health staff
__________________________ (name) on ___________________ (date) 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 ____________________________ (name of staff member) 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: ________________

Guidelines (p.45). Augusta, ME: Maine Youth Suicide Prevention Program.