

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: _____

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.