# Suicide Risk: Parent/Guardian Notification Form

## GENERAL INFORMATION

*Have parent or guardian complete or verify the information below:*

| Student Name: |       |
| --- | --- |
| Date of Birth and Grade: | Date of Birth:      Grade:       |
| Student’s Home Address: |       |
| Contact Information for Student: | *(email, cell)* |
| Parent or Guardian Name(s): |       |
| Parent or Guardian Phone Numbers(s):  |       |
| Parent or Guardian Email(s): |       |

## INFORMATION REGARDING RISK OF SUICIDE

| Referral Source: | [ ] Self-Referral [ ] Teacher [ ] Peer [ ] Parent/Guardian [ ] Other:       |
| --- | --- |
| Description of Risk: |       |
| Actions taken thus far: | [ ] Student Interview [ ] Additional Interviews       [ ] Safety Plan Developed [ ] Other:       [ ] Parent/Guardian Acknowledgement of High or Imminent Risk  |
| Assigned Case Manager: | Name:Phone Number: Email:  |
| Results of initial risk assessment: |       |
| Immediate Action Steps for Parent/Guardian: |      *(Including any referrals and safety precautions).* |
| Immediate Action Steps for School Team: |       |
| Emergency Contact Information: | **If your child presents life-threatening behavior please call 9-1-1.**suicidepreventionlifeline.org or 1-800-273-TALK (8255)Crisis Text Line: Text ACT to 741741 |
| Resources Provided: |       |

**Parent/Guardian Signature:**

**Date**

## PARENT/GUARDIAN ACKNOWLEDGEMENT FORM (IMMINENT OR HIGH RISK)

Printed Name of Parent/Guardian (first, last):

Printed Name of Student (first, last):

*This is to verify that I have spoken with a member of the school’s mental health staff (name:**, date:**) concerning my child’s suicidal risk. I have been advised to seek the services of a mental health or medical professional to further assess my child’s risk of suicide. I understand that* *(case manager) will follow up with me by phone on date:     .*

**Parent/Guardian Signature:**

**Date**

**RESOURCES TO CONSIDER PROVIDING TO PARENT OR GUARDIAN**

Local Community Services Board Information

[Virginia Department of Health Parent Brochure](https://www.vdh.virginia.gov/content/uploads/sites/53/2016/11/Every-Parent.pdf)

[Warning Signs Wallet Card](https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/green-national-suicide-prevention-lifeline-wallet-card.pdf)

[A Young Person’s Guide to for Communicating Safely Online about Suicide](https://www.orygen.org.au/Education-Training/Resources-Training/Resources/Free/Guidelines/chatsafe-A-young-person-s-guide-for-communicatin/Guidelines_Orygen_Final_WebLG.aspx?ext=)

\*Suicidal Thinking and Threats: Heling Handout for Home

\*Preventing Youth Suicide, Tips for Parents and Educators

\*Preventing Youth Suicide, Tips for Parents and Educators (In Spanish)

\*Military Resource Card

\*Gun Safety Tips

\*Available on the [VDOE Suicide Prevention](http://www.doe.virginia.gov/support/prevention/suicide/index.shtml) webpage.