



Baldwin County Public School System

Suicide Intervention Parent Acknowledgment of Notification

Date _____

I, _____, have been notified that my child _____
(Parent's name) (Student's name)
has verbalized, or through other activities, has manifested a suicidal threat. Consequently, I have been asked to carefully monitor my child and to also seek medical/mental health consultation immediately from community agencies.

I have been told that the school will follow-up with my child once he/she returns to school in order to provide support for his/her emotional well-being and safety. Not only have I been given a copy of my child's safety plan, but I have also been given the opportunity to ask questions regarding my child's needs and the types of support/resources available for my child from community agencies.

In the event that I am notified **three or more times** during the current school year that my child has expressed suicidal ideations or behavior, I understand that I will be **required** to seek medical/mental health assistance for my child before he/she is re-admitted on the school campus. During the **mandatory re-admit conference** that will be held with the school counselor, my child, and me, I will be asked to provide appropriate documentation, i.e., a discharge form, doctor's note, mental health clearance form, etc.

Parent/Guardian's Signature

Counselor's Signature

_____ Parent refused to sign (Check if applicable)

If Parent/Guardian Cannot Be Contacted:

An effort was made to contact the parent/guardian/emergency contact by telephone at the following times:

Date	Time	Results (Please check accordingly)
		<input type="checkbox"/> No answer <input type="checkbox"/> Left message <input type="checkbox"/> Contacted _____
		<input type="checkbox"/> No answer <input type="checkbox"/> Left message <input type="checkbox"/> Contacted _____
		<input type="checkbox"/> No answer <input type="checkbox"/> Left message <input type="checkbox"/> Contacted _____
		<input type="checkbox"/> No answer <input type="checkbox"/> Left message <input type="checkbox"/> Contacted _____

The parent/guardian could not be reached **OR** refused to come get his/her student. Consequently, the student was not allowed to leave school or to go home unescorted, so the following action was taken:

- _____ Contacted local Police Department
- _____ Contacted Sheriff's Department
- _____ Contacted school resource officer
- _____ Contacted attendance officer or school social worker in order to conduct a home visit to notify the parent/guardian
- _____ Contacted the Department of Human Resources (DHR)
- _____ Contacted emergency services, i.e., hospital, paramedics, mental health, etc.
- _____ Other (Explain): _____