

The School District of Escambia County

JE HALL Educational Services Center
30 East Texar Drive
Pensacola, FL. 32503
<http://www.escambiaschools.org>

Parent Acknowledgment Form for Student At-Risk of Suicide

School: _____

Date: _____

Student: _____

As the parent/guardian of the student, whose name is _____, I have authority to make decisions on behalf of my child and have the authority to sign this document.

I acknowledge that I have been advised by school staff member _____ on (date) _____ that my child has expressed suicidal ideation and may be at risk of suicide.

I understand that I have been advised to take my child immediately to the appropriate medical and/or mental health providers for evaluation and any treatment recommended by the provider.

I agree to provide appropriate information to _____ (name of school staff member) regarding any evaluations and/or treatment received from the mental health provider that will prepare the school to support my child's re-entry into the academic setting.

_____ (name of staff member) will follow-up with me and my child within one week from the date of this letter, as well as other times that the staff member determines.

I understand that any referral information provided to me that identifies medical, mental health, or related health providers is meant for my consideration only and not a requirement that I use these providers. I am free to select other providers of my choice.

The school/district is not responsible for evaluation expenses for any services providers.

Parent Signature: _____

Date: _____

Printed Name: _____

Parent/Guardian current address and phone contact information: Phone: _____

Address: _____

Staff member signature: _____ Date: _____

Administrator Signature: _____ Date: _____