

Emergency Notification of Student in Crisis

Date	School		
School Personnel	Title		
, the parents of have been advised that our child has expressed thoughts of self-harm, has engaged in self-harming			
nave been auvised that our child has expressed though			

behavior, or made homicidal threats. We have been further advised that we should seek some psychological/psychiatric consultation immediately. We have been provided with a list of Emergency Resources for Crisis Care. We understand that the school district is not responsible for the provision of these services, but is alerting us to this emergency just as they would inform us of any health problem.

Parent/Guardian Signature

School Personnel Signature

We have received a Safety Threat Assessment to assist in receiving mental health services.

Parent/Guardian's Initials

Third Party Statement (describe activity or incident personally observed)		
Third Party Statement Provider Signature	Printed Name	Title

Student Return to School

We will contact the counselor in advance of our child's return to school to formulate a Student Re-entry Plan and provide a copy of this form with completed provider acknowledgement.

Parent/Guardian Initials

Counselor's Printed Name

Phone Number and/or email address

Provider Acknowledgement: I received/reviewed a copy of the Emergency Notification of Student in Crisis.

Name

Title

Date

Agency Name (if applicable)



SHARON HEATLY DIRECTOR OF GUIDANCE AND COUNSELING 131 S. FLOOD, NORMAN, OKLAHOMA 73069 (405) 573-3511 | FAX (405) 573-3505