

# Idabel Middle School

100 NE Avenue D • Idabel, OK 74745  
Phone: 580-286-6558 • Fax: 580-286-8272

“Warrior Pride”



## Parent Contact Acknowledgement Form

Idabel Middle School

Name of Student: \_\_\_\_\_

Grade of Student: \_\_\_\_\_

This is to verify that I have spoken with school staff member \_\_\_\_\_  
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) will follow up with me and  
my child within two weeks. If I provide information regarding the agency I contacted for  
assistance, I understand that the above staff member will also follow up with the agency to  
whom my child has been referred.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal, Laura Bullock

E-mail: [lbullock@idabelps.org](mailto:lbullock@idabelps.org)

Dean of Students, Richard Logan

E-mail: [rlogan@idabelps.org](mailto:rlogan@idabelps.org)

Counselor, Cindy Bryant

E-Mail: [cbryant@idabelps.org](mailto:cbryant@idabelps.org)