



Date: _____ School: _____

I, or we,

the parent(s) /guardian(s) of

were involved in a conference with school personnel on this date. We have been notified that our child has expressed thoughts of self-harm or has engaged in self-harming behavior. We have been provided with a list of community resources for psychological or psychiatric consultation. We understand that accessing mental health treatment is our choice and responsibility as the parent/guardian of this child.

Parent or Legal Guardian Parent or Legal Guardian

School Personnel Title

Resources:

Northcare (405) 858-2700

Saint Anthony's Behavioral Medicine (405) 272-6216

Cedar Ridge (405) 605-6111

Integrus Mental Health Center Willow View (405) 427-2441

Suicide Prevention Hotline 1-800-372-TALK (24 HOUR HOTLINE)

Oklahoma Resource Hotline 211 (Call for any needs.)