Texas Education Agency

Advancing Wellness and Resiliency in Education

Student's Name: _____ Date: _____

Notification of Emergency Conference Form and Release of Information – SAMPLE

I, or we, _____, the parent(s) or guardian(s) of _____ were involved in a conference with school personnel at _____. We have been notified that our child has experienced thoughts or ideas regarding suicide, self-harm, or harm to others. Specifically, our child is exhibiting the following signs and symptoms:

_____

_____

I, or we, have been informed that the following actions have been taken:

_____ Conference between our child and counselor

_____ Suicide safety plan completed

_____ Referrals provided (see below)

_____ Crisis hotline, numbers provided (see below)

We have been advised a crisis assessment and/or psychiatric consultation may be necessary due to the nature of our child's thoughts and/or actions. We understand 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. We have been giving the following referrals:

Mental Health Crisis Referrals	Mark if provided	Outpatient Mental Health Referrals	Mark if provided	Crisis Hotline Numbers	Mark if provided
				National Suicide Prevention Lifeline 1-800-273-8255	
				2-1-1 – press 8	
				Texas Youth Helpline 1-800-989-6884	
				National Sexual Assault Hotline 1-800-656-4673	

_____

Parent/Guardian Signature

_____

School Personnel Signature

_____

Student's Signature

SAMPLE

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Followup Support Options

_____ Independent School District (ISD) has clarified its role and will provide followup assistance to our child to support the evaluation/treatment services from the community. When notified, _____ ISD staff could support our child through:

_____ Student Support meeting upon return (team meeting to create long-term support and goals)

_____ Identifying an adult on campus for daily Check In Check Out (CICO)

_____ Assisting student in accessing supports when needed

Other:_____

_____

_____

SAMPLE