

NOTIFICATION OF EMERGENCY

The undersigned, the parent/guardian of _____ was involved
in a conference with school personnel indicated below on _____.
(Date)

- D** I have been advised that my child appears to be in a state of psychological emergency **(danger of hurting self / suicidal ideation)**.

- D** I have been further advised that I should seek some psychological/psychiatric consultation as soon as possible/immediately.

- D** I have been provided with a list of mental health resources and emergency numbers.

- D** I have been provided Home Safety and Supervision Tips for Keeping Your Child Safe information.

- D** I understand that Battle Ground Public Schools is not responsible for the provision of or payment for these services, but is alerting me to this emergency just as they would inform me of any health problem. Any further action that I undertake in regard to this matter is of my own decision and my own financial responsibility.

- D** I understand a re-entry meeting must occur upon my child's return to school.

Parent or Legal Guardian

Parent or Legal Guardian

Date

Staff members present at conference:

School: _____