

SAMPLE STUDENT CONFIRMATION OF PARENTAL CONTACT

**A Supporting Document to
The Idaho Guidelines for School-Based Suicide Intervention**

Sample Confirmation of Parental Contact

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior. If the meeting is in person, the parent/guardian can sign it, but if the contact is by telephone, mail the form by certified mail.

Dear _____:

This is to confirm our conversation regarding _____ (child's name) on
_____ (date), concerning (his/her) thoughts/actions about suicide.

It is hoped you will seriously consider our recommendation(s):

- Therapist/Mental Health Professional
- Doctor/Physician
- Emergency Room
- Police
- Other: _____

As agreed, I will follow up with you on actions taken within two weeks. If the child's condition worsens and (he/she) is in imminent danger call 911.

Please feel free to contact me regarding any further concerns.

Signed: _____

Date: _____