

Date: _____

I, _____ (healthcare provider) have notified _____
that your child has expressed suicidal thoughts or actions. Your child has
expressed in session either an active or passive threat to die by suicide, has a plan to die
by suicide, or has attempted to harm him/herself.

Description of incident:

You have been advised to seek medical consultation for your child immediately at
a medical hospital or a psychiatric hospital. You have been advised to call 911 in the
event of imminent danger if you are unable to transport the child to an emergency
room safely and immediately. Furthermore, you agree to not leave your child alone for
any amount of time and to restrict access to any potential harmful items.

Signed,

Parent/Guardian

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