

Advise of At-Risk Individual and Referral Form

I, _____ am **the parent/guardian** of _____
(Parent Name) **(Student Name)**

have been advised by the Oyster River High School Counseling staff that my student is considered to be at-risk for suicide and/or self-harm based on the following:

I acknowledge that I have been advised to seek mental health care for my child via the local hospital emergency room, or a private mental health therapist.

I understand that it is strongly recommended that my student be assessed by a mental health professional and deemed to be safe and not at risk for suicide and/or self-harm.

I have been given the name and phone number of my student's counselor, school principal, school nurse, and supporting staff should I have further questions of concerns.

I understand that to ensure my student's safety I should adhere to the following guidelines:

- ___ Do not leave the student alone.
- ___ Secure medications and/or firearms in the home.
- ___ Attend a re-entry meeting when the student returns to school
- ___ Provide documentation of any assessment to the school counselor.

Signed: _____

Relationship to At-Risk Individual: _____

Date: _____