

Self-Injury Notification

Parent/Guardian Notification

School Name: _____

District Name: _____

I have been notified that my child, _____, has stated that s/he is engaging in self-injury. It has been strongly recommended that I seek immediate psychological assistance for my child and that _____ School District will NOT assume responsibility for this serious concern. I have been provided with contact information for mental health professionals in this area and I have received the form "Parent Fact Sheet: Self-Injury."

In order to assist my child, I

_____ agree

_____ disagree

to immediately take him/her to a qualified mental health professional for assistance.

* Parent's/Guardian's Name: _____

*Parent's/Guardian's Signature: _____ Date: _____

Witness Name: _____ Title: _____

Witness Name: _____ Title: _____

Law Enforcement Witness Name/Title: _____

** If the parent refuses to sign, law enforcement and/or child protective services may be contacted.*

Note: Please provide the school with documentation from a physician or mental health professional specifying the assessment date & any information the school may need in order to assist your student.