



Confirmation of Parental Contact

Idaho Youth Suicide Prevention Program

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 (Parent Name),

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

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

You were given the following information:

- Means restriction pamphlet
- List of local mental health providers/facilities (referral)
- Ideas to help your child at home, including a safety plan
- The Regional Clinical Case Manager referral line phone number (208) 947-5155, available Monday – Friday from 8 am to 5 pm.

You agreed / did not agree to sign an Exchange of Information Release. (Circle the appropriate action.)

As agreed, I will follow up with you on actions taken by tomorrow and/or within two weeks. If the child's condition worsens and they are in imminent danger, either take the child to the nearest ER or call 911.

Please feel free to contact me regarding any further concerns.

Parent Signature	
Date	
School Representative	
Date	
Representative's Title	