

Self-Injury Notification

Parent/Guardian Notification

School Name: _____

District Name: _____

I have been notified that my child, _____, has stated that they are engaging in self-injury. It has been strongly recommended that I seek immediate psychological assistance for my child.

I understand that the 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 them 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 applicable): _____

Note: Please provide the school with documentation from a physician or mental health professional specifying the assessment date and any information the school may need in order to assist your student. With a signed release of information, the school can help coordinate safety planning for the school setting in collaboration with parents/guardians and outside clinicians.