

Hemet Unified School District
Risk Assessment
SUICIDE PREVENTION PARENT NOTIFICATION

Student Name: _____ DOB: _____

Date: _____ School: _____

As parent/guardian of the student noted above, I acknowledge that I have been informed that the school has serious concerns about my child. These concerns include possible suicide, self-harm, or harm to others. I understand that by signing this form, I am acknowledge that the school is fulfilling its duty to notify me pursuant to California Education Code Section 49602 (c) regarding a matter involving my child's safety. I acknowledge that referrals to local health/mental health providers have been discussed with me. I further understand that it is the parent's responsibility to seek professional care. Some options for health/mental health care are listed below.

Parent Signature: _____ Date: _____

Risk Assessment/Staff Signature: _____ Date: _____

County of Riverside Department of Children's Mental Health

Phone: 951-487-2674

Fax: 951-487-2679

MFI: (Valley Wide Counseling)

Accepts Medi-Cal and IEHP insurance

Phone (951) 654-2026

Valley Health Center

Free counseling services: individual, families, teens, addiction issues, groups

24 hour hotline: 951-468-5211 or www.myvalleyhc.com

Other: _____

National Suicide Prevention Lifeline 1 (800) 273- TALK (8255)

Provide copy to parent and keep the original in Confidential File.