

WASHOE COUNTY SCHOOL DISTRICT
COUNSELING SERVICES
PARENT NOTIFICATION OF CHILD'S "AT-RISK" STATUS
(First responder team decides appropriate use of this form)

I/We _____,
(Parent Name(s))
the parents of _____ were involved in a conference
(Student Name)
with school personnel on _____ at _____.
(Date) (School Name)

We have been notified that our child has been identified as "at Risk" for suicide. We have been further advised that we should seek psychological/psychiatric consultation immediately from the community.

School personnel have clarified the district's role:

- Collaborate with parents to keep the child safe.
- Provide follow-up assistance to support the treatment services from the community

The following are resources for emergency and therapeutic intervention:

1. Your family physician/mental health professional
2. West Hills Hospital 323-0478
1240 E 9th Street Reno, Nevada
3. Renown Regional Medical Center- Emergency Room 982-4100
1155 Mill Street Reno, Nevada
4. Saint Mary's Regional Medical Center- Emergency Room 770-3000
235 W 6th Street Reno, Nevada

Parents are encouraged to sign a "release of information" from the institution/physicians involved so that school personnel can more effectively collaborate in their child's treatment.

Parent or Legal Guardian Signature

School Personnel Name/Title