

Bristol-Plymouth Regional Technical School

207 Hart St., Taunton MA 02780

Phone: 508-823-5151

FAX: 774-299-6355

Parent Sign-off Form for Mental Health Emergencies.

Please return to your school counselor or designated support team member.

Student Name: _____

Grade: _____

Support Team Member: _____

The following recommendations have been made to you to help keep your child safe:
(Support team member please check appropriate recommendations below).

- Take your son/daughter directly to the emergency room for an immediate crisis/safety evaluation. ER: _____
- Take your son/daughter for an emergency appointment with their outpatient therapist, if one is currently in place .
- Call to inform the student's therapist of the situation **or** follow through on connecting with a therapist to begin treatment.
- Sign release form(s) for the school counselor or designated support team member to talk with your student's treatment team.
- Call your school counselor or designated support team member to schedule a re-entry meeting for your student to return to school.
- Bring documentation to this re-entry meeting from the hospital/therapist indicating the student has been evaluated and is considered **safe to return to school/normal daily activities**. Please include any follow-up instructions or recommendations for school (i.e. discharge summary, written evaluation and re-entry form)

As with all notes, a copy will be forwarded to the school nurses' office and the guidance coordinator will review and waive medical-related absences. By signing this form, I am stating that I have been informed of the above recommendations made by the school personnel at Bristol-Plymouth Regional Technical School.

Parent/Guardian Signature: _____

Parent/Guardian Name (please print) _____

Date: _____

Please share the following information with the crisis evaluator or your behavioral health clinician/therapist so that they can better understand the current concern.

Nature of Emergency:

Staff Involved: