

EMERGENCY CONFERENCE NOTIFICATION FORM

I/We _____, the responsible adult(s) of _____
were involved in a conference with school personnel on _____.

We have been informed that our child may be suicidal, provided with resources, and strongly encouraged to seek additional mental health support for our child.

(Parent/Guardian)

(Parent/Guardian)

(School Staff)

(School Staff)

(Provide a copy of this form and any other related documents to the parent and retain the originals in a confidential file maintained by the administrator and located in the school building. Access to this file is restricted to the professional school counselor, school psychologist, and administrators.)

COMMUNITY RESOURCES

Maryland Crisis Hotline
800-422-0009

Prince George's County Suicide Hotline
301-864-7130

National Suicide Prevention Lifeline
800-273-TALK (8255)
English/Spanish

Children's National Medical Center
111 Michigan Ave., N.W.
Washington, D.C. 20010
202-476-5203

United Way First Call for Help
800-492-0618