

Weber School District
Suicide Intervention / Self-Harm Plan & Release Form
(Confidential)

Name of Student: _____ Grade: _____ Date: _____

Referred by:

Self (student) _____

Parent/Guardian _____

Friend/Peer _____

Teacher _____

Other _____

➤ **Warning Signs for Suicide:** (this does not list all possible warning signs)

School official completing form, check all that apply.

- Threatening to hurt or kill himself, or talking of wanting to hurt or kill himself.
- Looking for ways to kill herself by seeking access to firearms, available pills, or other means.
- Has verbalized or written about death, dying or suicide, when these actions are out of the ordinary for the person.
- Has made a previous attempt.
- Has had another immediate family member or friend who has attempted or died by suicide.

Warning signs are the earliest detectable signs that indicate heightened risk for suicide in the near term. Note that aside from direct statements or behaviors threatening suicide, it is often a constellation of signs that raises concern, rather than one or two symptoms alone. The previous signs are presented in a hierarchical manner, organized by degree of risk, and were developed by an expert working group convened by the American Association of Suicidology.

I, _____, understand that my child has warning signs of suicidal behavior, as checked above.

➤ **Signs & Symptoms for Self-Harm:** (this does not list all possible warning signs)

School official completing this form, check all that apply.

- Scars, fresh cuts, scratches, bruises or other wounds.
- Wearing long sleeves or long pants, even in hot weather.
- Keeping sharp objects on hand.
- Difficulties in interpersonal relationships.

I, _____, understand that my child has warning signs of self-harm behavior, as checked above.

Release to Parent:

I have been informed by school personnel about their concern for _____'s safety. I understand that I am responsible for taking action necessary to save my child's life. This may include calling 9-1-1 or seeking immediate help from a mental health provider or going to an emergency room.

Parent's Signature: _____ Date: _____

School Counselor or School Official, give a signed copy to the parent/guardian and keep one for the school in a sealed envelope, in confidential file in your office.

Release to Law Enforcement (LE) or DCFS:

I, _____, am taking _____ into custody and will assume responsibility.

Signature: _____

LE Agency or DCFS: _____

Badge or ID #: _____

If LE or DCFS does not have time to complete the above information, school personnel completes the information and signs below.

School Counselor/Official *verifying* information: _____

Release to other responsible adult:

If a child is released to an adult, other than the legal guardian, LE or DCFS, list the reason for this action. Include administration in the decision making process for this action. (This action would be rare).

Responsible Adult Signature: _____

Relationship to student: _____

Additional action by the counselor:

- If you are worried that a student may be in immediate or imminent risk, convey your concerns to the parent and encourage them to seek out help at a local emergency department.
- Encourage parent to follow up with their primary medical provider. When contacting parents, it should be done preferably in the presence of the student. This reflects the focus on clear, open, and unambiguous communication.
- Encourage parent to check with their insurance carrier for providers covered under their plan. Many insurance providers have an Employee Assistance Program (EAP) they can turn to for direction as well.
- Provided parent with list of resources. See Student Services Webpage. This includes: Warning Signs of Suicide; Talking with Your Child about Suicide; Frequently Asked Questions about Youth Suicide and Community Resources.
- Follow-up with student when they return to school.

Flowchart:

- Identify-who, what, where, when, why
- Inform- administrator and another counselor
 - Assess-Suicide/Self-Harm Plan & Release Form
 - Intervene- Call parent/guardian or if appropriate LE/DCFS
 - Release-have responsible party sign the appropriate line on the Suicide Plan & Release Form
 - Document-MyStudent. Keep a copy of the Suicide Plan/Self-Harm Plan & Release Form in a sealed envelope, in a confidential file in your office.