



Jackson Public Schools
CRISIS EMERGENCY FORM

I / We _____ of _____
(Printed Name of Parent / Guardian) (Printed Name of Student)

met on _____ with the school personnel listed below, who
(Current Date)

discussed my child's emotional condition with me and informed me that he / she has expressed suicidal thoughts or threatens self-harm or harm to others. I / We understand the seriousness of this situation and have been provided with names and phone numbers of agencies that can help, as well as, emergency numbers. It has been recommended that my child be taken for an emergency evaluation to ensure his / her safety. The seriousness of this issue has been explained to me / us. I also understand that it is important for my child to stay under adult supervision, until his / her safety has been assessed. By signing this form, I / we acknowledge that it is my responsibility to seek treatment for my child. I / we also acknowledge that any services provided in the treatment of my child are my financial responsibility. This student cannot return to a school within Jackson Public School District until documentation is provided (signed) by a licensed mental health professional stating that this student is stable and is no longer a danger to self or others.

Signature of Parent / Guardian

Printed Name and Signature of Professional School Counselor

Principal / School Official

EMERGENCY NUMBERS

Crisis Hot Line (601) 713-HELP
Marion Counseling Services (601) 956-4816
Hinds Behavioral Health Services (601) 321-2400
University of Mississippi Medical Center
Emergency Room and In-patient Child Psychiatric Services (601) 984-1000

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