

Clark County School District

PARENT/GUARDIAN NOTICE for REFERRAL for MENTAL HEALTH SERVICES

I _____ understand that my child, _____
(Parent's/Guardian's Name) (Child's Name)
is presenting a mental health issue that must be evaluated by a mental health professional immediately. It has been recommended to me to provide 24 hour supervision.

Supervision is defined as:

- _____ Not leaving my child alone and not leaving my child with someone else under the age of 21 years.
- _____ Visual contact of my child at all times to ensure that my child will not harm him/her self and/or others.
- _____ Be aware of anything that could be used to harm himself/herself.
- _____ Securing all prescription and over the counter medications, flammable materials, household chemicals, etc. that could be used to harm himself/herself.

In having the school staff release my child into my care, I accept full legal responsibility and liability for my child. I know that if I need emergency assistance, I can call 911. I also understand that the school is recommending that my child be evaluated by a community based mental health professional within 24 hours of this date.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

School Staff Who Released Student

Date

Parent Refused to Sign Notice _____

School Staff

Date