



The School Board of Brevard County, Florida

STUDENT RELEASE TO PARENT/LEGAL GUARDIAN FOLLOWING RISK ASSESSEMENT FOR POTENTIAL SELF-INJURIOUS BEHAVIOR

DATE: _____

DIRECTIONS: This release is to be used when releasing a student to a Parent/Legal Guardian for the express purpose of transportation of their child to seek mental health assistance due to a potential threat of suicide. Additionally, the Parent/Legal Guardian Letter for Suicide Risk Inquiry must be completed and must accompany this release.

_____ from _____ Student
Last Name First Name School Name
Student ID # _____ Grade _____ DOB _____

The above named student was released to parent/legal guardian from above school at _____ am/pm.

The signature below indicates that the parent/legal guardian has taken the responsibility of transporting the student to seek immediate assistance for their child’s current mental health concern.

_____ Home Phone # _____
Parent/Legal Guardian Name Printed AND Signature

_____ Title _____
School Representative Name Printed AND Signature (purpose of witnessing parent/legal guardian signature)

Notes:

If a parent/legal guardian cannot be reached, it is imperative to follow through with Baker Act Procedures for the safety of the child and others. (FL Section 394.463, Florida Statutes Involuntary Examination)

Attach: SAFE-T as appropriate