STUDENT SUICIDE PREVENTION EMERGENCY REFERRAL FORM

GENERAL INFORMATION		
Student Name:	Birthdate:	
School Name:	Grade:	
Referring Person:	Title/Position	
Referral Date:	Referral Time:	

NATURE OF REFERRAL

- Verbal threat of intent to harm self
- Written threat of intent to harm self
- Graphic (drawing/picture) of intent to harm self

COMMENTS

OTHER WARNING SIGNS

ACKNOWLEDGEMENT OF RECEIPT

Referral Received By:	Date Received:	Time Received