



Student Support Services
Parent/Guardian Plan of Action

Student Name: _____ Date: _____

I understand that my child has been assessed as being at-risk for suicide due to the following reasons:

- Has considered suicide or is considering suicide
- Has the means available or immediate accessibility
- Other: _____

Crisis Resources:

- Alachua County Crisis Center - 1-352-264-6789
- National Suicide Prevention Lifeline - 1-800-273-TALK (8255)
- SHANDS VISTA - 352-265-5481
4101 NW 89th Blvd., Gainesville, FL 32606
- Meridian - 352-374-5600
Crisis Stabilization (CSU) Unit
1541 SW Williston Rd., Gainesville, FL, 32608

Parent Plan of Action:

- Appointment with physician
- Appointment with psychiatrist/outside counselor/therapist
- Parent will directly transport student to crisis center or hospital for evaluation.

Notes:

Release to Parent:

I have been informed by school personnel of their concerns for my child's safety. I understand that I am responsible for taking the necessary action to ensure my child's continued safety.

Parent Signature: _____ Date: _____

School Representative Signature: _____ Date: _____