



OLD COLONY

REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL DISTRICT

476 North Avenue, Rochester, Massachusetts 02770-1899

Telephone: (508) 763-8011

Fax: (508) 763-9821

www.oldcolony.us

Parent Sign-off Form for Mental Health Emergencies

Please return to school nurse.

Student Name: _____ Grade: _____ Support Team Member Initials: _____

The following recommendations have been made to you to help keep your child safe:

(Support team member check appropriate recommendations below).

_____ Take your son/daughter directly to the emergency room for an immediate evaluation.

_____ Take your son/daughter for an emergency appointment with their outside therapist, if one is currently in place.

_____ Call to inform the student's therapist of the situation or follow through on connecting with a therapist to begin treatment.

_____ Sign release form(s) for the school to talk with your student's treatment team.

_____ Call the school nurse at 508-763-8011 x130 to schedule a re-entry meeting for student to return to school.

_____ Bring documentation to re-entry meeting from the hospital/therapist indicating student is safe to return to school and recommendations on transition plan (i.e. discharge summary, written evaluation and Old Colony re-entry form)

By signing this form, I am stating that I have been informed of the above recommendations made by the school.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

cc: Parent, Principal, School Adjustment Counselor, Nurse, Guidance Counselor, Special Education Coordinator, Asst. Principal/Vocational Coordinator

Nature of emergency:

Staff Involved: