



NOTIFICATION OF EMERGENCY CONFERENCE

I, (We), _____, the parent(s)/guardian(s) of _____, was (were) involved in an emergency conference with school personnel on _____.
(Date)

This emergency conference was held because your child exhibited one or both of the following behavior(s):
_____ Self-injurious behaviors and/or statements;
_____ Specific threats to cause bodily injury to others.

Due to the nature of a conversation with your child, it is suggested that your child be assessed by an outside counseling agency or hospital to ensure his/her safety. We recommend that you keep constant visual contact with your child until the time of your child’s appointment with a licensed counselor, psychologist, therapist, or doctor. The school district cannot provide these services or incur the costs associated with assessment; however, we can provide a list of resources to help you obtain appropriate help for your child. Please note that these resources are not the only resources available within the community.

We strongly encourage you to meet with us upon your child’s return to school to inform us of the steps you have taken to help your child and to discuss what measures we can take at school to keep your child safe. We will continue to collaborate with you to assess your child’s educational, social, and emotional needs.

I (We) have been notified that our child is or may be a danger to self or others. Clear Creek Independent School District has suggested that we should seek a psychological/psychiatric consultation from a community provider immediately. The school district is not financially or legally responsible for any consultation and/or treatment, nor will the district be in any way responsible should we choose not to follow this suggestion. We have been provided with a list of agencies, emergency numbers, and private practitioners.

Parent/Guardian

Parent/Guardian

Counselor

Administrator

DATE ISSUED: 09/26/2023

REVIEWED: 09/06/2023