



## Suicide & NSSI Risk Review and Release

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

RCSS Staff Member (Name/Title): \_\_\_\_\_

Dear Parent/Guardian,

Your child was referred for a suicide risk assessment and determined to be at risk for harming his/herself.

The mental health team at \_\_\_\_\_ School recommends that further evaluation be conducted in order to assess your child’s emotional state and ensure that appropriate protective factors are in place in order to support your child’s physical safety. We recommend that you take your child to a facility that can appropriately assess for mental health concerns such as Lighthouse Care Center of Augusta, Aurora Pavilion Behavioral Health, your child’s primary care physician, or the local emergency room. The Georgia Crisis and Access Line is also available at 1-800-715-4225 to be connected to crisis services for mental health available 24/7.

- Low Risk:** Please monitor your child for additional signs of suicidal ideation and/or self-harm and speak to a mental health professional regarding your child.
- Moderate Risk:** It is highly recommended that your child be assessed by a physician or mental health professional. Please provide documentation of a visit or scheduled appointment.
- High Risk:** Your child may return to school with documentation from a physician or mental health professional indicating that the child has been assessed.

For students who are moderate or high, a re-entry meeting will be held with you and your child upon his/her return to school, at which time this documentation will be reviewed. Failure to comply with our professional recommendations which presents as a failure to care for your child’s well-being may result in a report to the Department of Family and Child Services.

By signing this letter, I acknowledge Policy JGJA printed on the back of this Release, and I have been informed of my child’s current emotional state. I will ensure that my child will be evaluated by a physician or mental health care provider for his/her safety. Failure to do so may result in a DFCS referral. I further authorize Richmond County School System to communicate with the agency/provider that I select in order to provide them with the risk assessment and receive any follow-up information (e.g., discharge plans, transition paperwork, additional assessment records, etc.).

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Provider Selected

\_\_\_\_\_  
RCSS Staff Member Signature (Name/Title)

\_\_\_\_\_  
Date

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**Richmond County Schools**

**Policy JGJA: Suicide Prevention**

All certified personnel shall receive annual training in suicide awareness and prevention in accordance with state law and rules established by the Georgia Department of Education.

The Superintendent or designee shall develop procedures to address at a minimum, suicide prevention efforts, intervention, and postvention. Such procedures shall be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts.

In accordance with state law, no person shall have a cause of action for any loss or damage caused by any act or omission resulting from the implementation of this policy or its implementing procedures or resulting from any training, or lack thereof, required by state law or this policy. The training, or lack thereof, required by the provisions of state law shall not be construed to impose any specific duty of care. Neither the training nor the procedures are designed to impose ministerial duties but to provide a framework in which educators can exercise their professional judgment in the best interest of students.

**Policy Reference Disclaimer:** These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

**State Reference**

**Description**

O.C.G.A 20-02-0779.1

[Suicide awareness training and prevention policy](#)

Rule 160-4-8-.19

[Suicide Prevention Training Requirement for Certificated School System Personnel](#)