

90 Delaware Avenue
Paterson, New Jersey 07503-1804

CRISIS INFORMATION FORM

Please complete this form after each Level I, Level II and/or Level III suicide ideation or attempt. A copy of form to School Counselor, School Nurse, and District Counseling Office.

School: _____ **Date:** _____

1. _____
Person(s) Completing Form (name & title) School

2. _____
Student's Name Grade Age Student ID #

Address

Parent/Guardian's Name Telephone Number(s)

3. Intervention Level I _____ Level II _____ Level III _____

4. Describe what happened _____

5. Describe what steps were taken _____

6. Other comments _____

Building Administrator's/Designee's Signature

1) _____
2) _____
3) _____

PLEASE DO NOT SEND FORM TO THE STUDENT ASSISTANCE DEPARTMENT OFFICE

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MEDICAL INFORMATION FORM

Student: _____ **Date of Birth:** _____

Address: _____ **Phone:** _____

Parent/Guardian: _____

School: _____ **Grade:** _____

Health Concerns:

None _____

Concerns: _____

Medication(s):

None _____

Medications: _____

School Nurse

Date

90 DELAWARE AVENUE
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**NOTICE OF POTENTIAL HARM TO
SELF AND/OR OTHERS**

Date: _____ School: _____ Grade _____
Student: _____ DOB: _____
Parent: _____ Phone: _____
Address: _____

I have been informed by _____, that my child,
_____ has been making statements with
potentially life threatening implications. I have been advised that I need to do the following:

I have agreed to follow these recommendations. I fully understand these recommendations and the reason they were made.

I have not agreed to follow these recommendations. I fully understand these recommendations and the reason they were made.

Failure to comply with the above recommendations could result in notification to the Division of Child Protection & Permanency (DCPP).

Parent/Guardian Signature: _____

Witness: _____

**NOTICE OF POTENTIAL HARM TO
SELF AND/OR OTHERS**

Fecha: _____

Escuela: _____

Estudiante: _____

DOB: _____

Padre/Guardián: _____

Teléfono: _____

Dirección: _____

He sido informado por _____, que mi hijo,
_____ ha estado implicando amenazas de vida
contra otros. Por este medio se me ha informado que tengo que hacer lo siguiente:

Yo, he aceptado/no he aceptado seguir las recomendaciones. Yo entiendo las recomendaciones y las razones por la que fueron hechas.

Firma Del Padre/Guardián: _____

Testigo: _____

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PERMISSION FOR RELEASE OF MEDICAL INFORMATION
PARENT CONSENT FORM

Date: _____

To: _____
School Nurse

_____ School

_____ Phone

_____ Fax

I hereby give permission to the School Nurse, _____, to release
or request records and information regarding my child, _____,
(Student Name)

Please send medical records and information to:

_____, School Nurse

School

Address

Paterson, NJ 07503

Parent/Guardian Signature

Date

Student Name: _____
(Print) Last Name, First Name

D.O.B

Grade

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PERMISSION FOR RELEASE OF MEDICAL INFORMATION
PARENT CONSENT FORM

Fecha: _____

Enfermera de la Escuela

Escuela

Teléfono

Fax

Yo doy permiso a la enfermera de la escuela, _____ para obtener
dar y obtener registros médicos e información acerca de mi hijo _____ ,
(Nombre del estudiante)

Por favor, enviar los registros médicos e información a:

_____, Enfermera de la Escuela

Escuela

Dirección

Paterson, NJ 07503

Firma Del Padre/Guardián

Fecha

Nombre Del Estudiante: _____

Apellido

Nombre

Fecha de Nacimiento

Grado

VERIFICATION OF MEDICAL INTERVENTION
PERSONAL PHYSICIAN

TO: _____
(Building Principal/Designee) School

RE: EVALUATION OF: _____
(Student's Name) D.O.B

In accordance with the Paterson Public School District's Crisis Intervention Procedures, the above named student was evaluated on _____ and is found to be safe to return to school.
(Date)

(Print) Name & Title Telephone Number

Signature