

School:	Student Age:	Female

Y N Active suicide attempt at school  
Specify method

Y	N	Parent/guardian was contacted regarding situation If no, reason:
Y	N	EMS activated If no, reason:
Y	N	Student was taken to hospital If no, reason:
Y	N	Debriefing occurred with staff involved in student crisis If no, reason:
Y	N	Transition back to school plans to occur If no, reason:
Y	N	Superintendent was advised If no, reason:
Y	N	A follow-up call is requested from the Supervisor of Mental Health and Wellness School contact person:

Please forward to Supervisor of Mental Health and Wellness [kmcentee@ncdsb.on.ca](mailto:kmcentee@ncdsb.on.ca)

**SIGNATURES**