

Student Re-entry Plan for Medical/ Mental Health Purposes

Student Name: _____ Student ID: _____ Date: _____
Grade: _____

Meeting Attendees:

- Name of Parent/guardian receiving/signing form:

- Parent/guardian contact number:

- Parent/guardian email address:

- Student is currently residing with:

At school, student was assessed as: ☐ Extreme Risk, ☐ Severe Risk, ☐ Moderate Risk or ☐ Low Risk

After leaving school, student was:

☐ Taken to emergency room

☐ Admitted to Hospital/Length of stay:

☐ Taken to outside

counselor

☐ Seen by Primary Care Provider

☐ Taken home

☐ Other: _____ -

Result of intervention:

- Is there a safety plan in place? ☐ No, See below ☐ Yes, See attached ☐ Yes, not needed at school
- If "No", please provide an explanation:

Any additional information that the school counselor should be aware of? (Examples include; drug use, risky behaviors, self-harm, mental health diagnosis, social media concerns, etc.) _____

- Student is currently under the care of a physician or mental health therapist:

☐ Yes ☐ No

- Student is taking prescription medicine: ☐ Yes ☐ No If yes, name of medication: _____

- **My signature below indicates I give permission for my student to return to school.**
- **My initials below, gives permission for the counselor/administrator to share information with my student's teachers in order to help ensure their safety at school.** _____ (Parent/guardian Initials)

Parent/Guardian Signature

Date