

Suicide Prevention Program

| Student Name | Student ID | Grade | Date of Birth |
|--|---|--|--|
| program. As part of Jordan Scho and protective factors, as well a regular school schedule. Informa | n effort to address teen suicide, requion District's suicide prevention progs resources available for help will be ation on this presentation can be found year, every child of secondary age | ram, a presentati e given in one of ad at wellness.jor | on on warning signs for suicide, risk your student's classes during his/her dandistrict.org. We anticipate that by |
| If you would prefer NOT to be cooperation. | nave your child participate, please of | check the box a | nd sign below. Thank you for you |
| ☐ I do NOT want | my child to receive this important in | nformation regard | ling suicide prevention. |
| ✓ Parent Signature | | Dat | te |