

Exhibit C

STUDENT CRISIS INTERVENTION TEAM
PARENTAL CONSENT FORM

Date: _____ School: _____

Student Name: _____ DOB: _____
Print name clearly

Parent/Guardian: _____
Print name clearly

Home # _____ Cell#: _____

Address: _____

I have been informed by: _____
Name(s) of person(s)

that my child, _____ has been

making threatening statements. I have been advised that I need to do the following:

1. **To transport student by ambulance**
2. _____
3. _____
4. _____

I _____ have **agreed /not agreed** to follow these
(print name of parent/guardian or 18 or older student) (please circle)

recommendations. I fully understand these recommendations and the reason they were made.

Parent Signature: _____

Witness Signature: _____