



**Northeastern
Catholic District
SCHOOL BOARD**

Suicide Risk Management Review: Active Suicide Attempt

Please retain a copy at school. This form can also assist with debriefing.

| | | | | | |
|--|---|---|-------|--|--|
| Date: | | Student Name: | | Gender: | |
| School: | | Student Age: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Y | N | Active suicide attempt at school Specify method: | | | |
| Y | N | Student guided to another area or other students removed | | | |
| Y | N | Principal or designate was notified | | | |
| 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 | | | | | |
| SIGNATURES | | | | | |
| Principal or designate: | | | Date: | | |
| Staff involved: | | | Date: | | |