

**CRISIS REFERRAL FORM**

**CONFIDENTIAL**

Date: \_\_\_\_\_

Name of Child/Children: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact with Parent/Guardian: \_\_\_\_\_ Time and Date: \_\_\_\_\_

No contact is made with the parent or guardian when the situation is potentially dangerous to the child.

Agency Contacted: \_\_\_\_\_

Person Taking Referral: \_\_\_\_\_

Reason for Referral and Action Taken:

**Person Making Referral:** \_\_\_\_\_ **School:** \_\_\_\_\_

Copies: Superintendent  
Building Principal  
Rev: 11/1/2017