

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