

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*\*\*\*\*PARENTS/GUARDIANS – PLEASE READ AND SIGN EACH SECTION\*\*\*\*\*

### Suicide Prevention Program

Dear Parent/Guardian:

The Utah State Legislature, in an effort to address teen suicide, requires that secondary schools offer a suicide prevention program. As part of Jordan District's suicide prevention program, a presentation on warning signs for suicide, risk and protective factors, as well as resources available for help will be given in one of your student's classes during his/her regular school schedule. Information on this presentation can be found at [wellness.jordandistrict.org](http://wellness.jordandistrict.org). We anticipate that by the end of the 2019-2020 school year, every child of secondary age will have had an opportunity to receive this important information.

If you would prefer NOT to have your child participate, please check the box and sign below. Thank you for your cooperation.

I do NOT want my child to receive this important information regarding suicide prevention



Parent Signature \_\_\_\_\_ Date \_\_\_\_\_