



Franklin High School iCare Form



Date: _____

I am concerned that _____ is having a problem with:
First Name Last Name

- Drugs/Alcohol
- Suicide
- Self-Harm
- Violence
- Family
- Bullying
- Other:

Comments: _____

Your Name (OPTIONAL in case we have questions): _____

First Name

Last Name

If you believe they are in immediate danger to themselves or others, please call 911 and directly tell an adult.
Your name will be kept confidential. Thank you for caring.

****Please return this form to Student Services****



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