 UTM <small>UNIVERSITI TEKNOLOGI MALAYSIA</small>	NOTIFICATION TO PARENTS/GUARDIAN FORM	B.HEPA.PPPK.05/01(13)
	UTM CENTRE FOR PSYCHOLOGICAL AND COUNSELLING SERVICES	CONFIDENTIAL

(Please submit to UTM College Principle/Psychology Officer/Staff).

*This form needs to be filled in 3 copies. 1 copy for parents and 2 copies for UTM.

DETAILS OF STAFF/STUDENT:

Name:

Matric/Staff No. :

Identification Card No.:


Faculty/Department :

College Room No. :(If student)

Herewith, I will take FULL RESPONSIBILITY and in monitoring my son or daughter/ undertaking at home due to my son or daughter/undertaking is having mental health issue as assessed by UTM Psychology Officer/Counsellor (name of illness/mental health issue
or as diagnosed by psychiatrist (*Hospital Reference, if any*):
 *Date of Reference (if relevant)*:
and requires 24 hours surveillance until obtain release/guarantee letter from Government Medical Doctor pertaining to his/her recovery.

I will take RESPONSIBILITY to bring he/she for follow up treatment (according to appointment date) to the nearest hospital/clinic/Counselling Clinic until my son or daughter/undertaking shows positive changes. This is in accordance to **The Importance of Family Care On Student/Undertaking Facing Mental Health Issue** based on Ministry of Health (2016) Guidelines of Community Mental Health Services Team Programme and Mental Health Act (2001) and Rules of Mental Health (2010). Part III, Section 16.

I also agree and promise NOT TO BRING upon myself, my lawyer and/or any representatives to use UTM Psychology Officer/Staff as witness and/or to use this document as evidence to support my facts of case Inn any civil, syariah and other trial or proceedings.

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.....
SIGNATURE OF PARENT/GUARDIAN:

Name:.....

Identification Card No.:.....

Telephone No.:.....

Date:

.....
SIGNATURE OF WITNESS:

Name:.....

Identification Card No.:.....

Telephone No.:.....

Date:.....

REVIEW BY UTM PSYCHOLOGY OFFICER:

Signature :

Position Stamp :

Identification Card No.:.....