

Date: [Date]

To: [Parent/Guardian Name]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Admission: [Admission Date]

Date of Discharge: [Discharge Date]

Dear [Parent/Guardian Name],

This letter serves as formal notification that [Patient Name] has been discharged from [Facility Name] following treatment for [Primary Diagnosis].

1. Clinical Summary

[Brief description of the patient's condition at admission, treatment provided, and progress made during the stay.]

2. Discharge Medications

The following medications have been prescribed at the time of discharge:

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

3. Aftercare Plan

To ensure continued stability, the following follow-up appointments have been scheduled:

- **Psychiatrist:** [Name] on [Date/Time]
- **Therapist:** [Name] on [Date/Time]
- **School Re-entry Meeting:** [Date/Time]

4. Safety Plan and Crisis Resources

If the patient experiences a mental health crisis or thoughts of self-harm, please utilize the following resources immediately:

- National Suicide Prevention Lifeline: 988
- Local Crisis Mobile Team: [Phone Number]
- Nearest Emergency Room: [Hospital Name]

5. Discharge Recommendations

[Specific instructions regarding school, activities, or home supervision.]

Sincerely,

[Signature]

[Attending Physician/Clinician Name]

[Title]

[Facility Name]