



CONTRACT FOR SAFETY



NAME _____

DATE _____

Today, I have said some things about death or about hurting myself that have made others concerned about my safety. Others have told me how valuable my life is, but they want to make sure that I know how valuable my life is. I will complete this contract with a caring adult in order for us both to feel comfortable that I value my life and that I know what to do if I start feeling like I could harm myself again.

THINGS I CAN DO OR TELL MYSELF TO MAKE MYSELF FEEL BETTER: *clinician can assist*

PEOPLE WHO CARE ABOUT ME THAT I CAN CALL WHEN I FEEL OVERWHELMED:

NAME	RELATIONSHIP	NUMBER

HOTLINE NUMBER/S I CAN CALL:

AGENCY	NUMBER	HOURS OF OPERATION
National Suicide Prevention Lifeline (www.suicidepreventionlifeline.org)	1-800-273-TALK (1-800-273-8255)	24 hours/7 days per week
National Hopeline Network (www.hopeline.com)	1-800-SUICIDE (1-800-784-2433)	24 hours/7 days per week

* You can always call **911** to ask for help. Tell the operator you are in suicidal danger.

ONLINE RESOURCES:

AGENCY	WEBSITE ADDRESS
National Suicide Hotlines	http://suicidehotlines.com/
National Suicide Prevention Resource Center	http://www.sprc.org/
Yellow Ribbon	http://www.yellowribbon.org/
Department of Health & Human Services National Strategy for Suicide Prevention	http://mentalhealth.samhsa.gov/suicideprevention/
Department of Health & Human Services Center for Disease Control & Prevention	http://www.cdc.gov/ncipc/dvp/Suicide/
US Department of Health & Human Services Substance Abuse & Mental Health Services Administration	http://family.samhsa.gov/get/suicidewarn.aspx

I WILL NOT HURT MYSELF.

I WILL DO ONE OR MORE OF THE FOLLOWING INSTEAD OF HURTING MYSELF:

- 1) I can come to _____'s office in _____ to talk about my feelings.
- 2) I can talk to a teacher, family member, or other trusted adult about my feelings (see List).
- 3) I can do or tell myself some of the things I wrote down on the first page.
- 4) I can call one of the hotline numbers listed on page 1 or can call 911.
- 5) I can ask someone to take me to the hospital. If no one is around, I can call 911. The hospital is a safe place where I can get help and can be safe from hurting myself.

BY SIGNING THIS SAFETY CONTRACT IN THE PRESENCE OF A COUNSELOR, I AGREE TO TAKE POSITIVE ACTIONS WHENEVER I FEEL LIKE HURTING MYSELF. I WILL NOT HURT MYSELF OR TRY TO KILL MYSELF. I WILL BE NEAR PEOPLE WHO CAN HELP ME OR WILL BE ABLE TO MAKE A PHONE CALL IF I NEED TO CONTACT PEOPLE WHO CAN HELP ME.

Student

Date

WITNESS/SCHOOL MENTAL HEALTH CLINICIAN

DATE