

Campus: \_\_\_\_\_

**CONFIDENTIAL**  
*Elementary Student Individual Safety Agreement*

This is an agreement between \_\_\_\_\_ and \_\_\_\_\_  
Student Counselor

When feeling overwhelmed and hopeless, I (Name), \_\_\_\_\_, agree not to take any actions to harm myself or end my life. When I feel this way, these are some adults I can talk to:

Adult @ School \_\_\_\_\_ @ Phone #: \_\_\_\_\_

Adult @ Home: \_\_\_\_\_ @ Phone # \_\_\_\_\_

My counselor will help me talk to my parents about my feelings and what I can do.

I also know that I can call the National Suicide Helpline @ 1-800-273-TALK (8255)

Austin Travis County Hot Line @ 512- 472-HELP (4357).

**If it is an emergency and I feel totally overwhelmed and hopeless, I will call 911.**

I agree this is a plan that I am willing to carry out, and I will not take actions to harm myself or end my life. I will work with my counselor to develop a Positive Support Plan that will help me take care of myself.

Signatures:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor completes the following:

- Counselor Notified Parent/ Guardian Date: \_\_\_\_\_
- Counselor gives copy of original to youth and keeps copy.
- Designated Administrator Notified (Name) \_\_\_\_\_ Date: \_\_\_\_\_
- Counselor follows up with student within next day to develop a Positive Support Plan.

Additional Information: