

Campus: _____

CONFIDENTIAL

Individual Safety Agreement for Secondary Students

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. If my counselor is not available, other adults I will contact when feeling overwhelmed are:

Adult @ School _____ @ Phone #: _____

Adult @ Home: _____ @ Phone # _____.

I agree to share this plan with the adults listed above.

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.

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: