

## PERSONAL SAFETY AGREEMENT

I, \_\_\_\_\_, agree not to hurt myself in any way during the next 24 hours. If, during this time I feel I may harm myself, I will contact:

- |    |                              |       |
|----|------------------------------|-------|
| 1. | Person                       | Phone |
| 2. | Local 24 Hour Crisis Service | Phone |

I realize that someone will be available to talk with me 24 hours a day. Until my next appointment, I will help myself in the following ways:

1. CALL \_\_\_\_\_ OR THE CRISIS SERVICE
2. \_\_\_\_\_
3. \_\_\_\_\_

My next appointment will be:

PERSON

PLACE \_\_\_\_\_

DATE and TIME \_\_\_\_\_

I UNDERSTAND THAT IF I DO NOT KEEP THIS APPOINTMENT, SOMEONE WILL  
COME TO LOCATE ME.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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STUDENT SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_