

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. _____ Phone _____
 Person
- 2. _____ Phone _____
 Local 24 Hour Crisis Service

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____

STUDENT SIGNATURE

WITNESS