

My Safety Plan

Plan: In the event that I'm not feeling my best

Warning Signs: ⚠️ (i.e. triggers, 🤔 thoughts 🤔)

(I'm not feeling myself and I think something is wrong or off when I feel, think, act this way:)

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My Personal Coping Strategies

I feel better ❤️ when I do these:

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Distractions that help me:

Activities: 🎧 🛹	Actions: 📖 🎮

People: 👥	Places: 🏠

Steps to make me safe 🙌

My Support

My circle of Friends and Family 👨‍👩‍👧 that help me get through/assist

Name	Phone:	Social
Name:	Phone:	Social
Name:	Phone:	Social

Professional Support 🆘

Therapist:	📞
Clinician:	📞
Counselor:	📞
Group Name/Type:	📞

Local Emergency Service



Name	Address:	Phone: