

# Safety Plan

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**Think of the most recent suicidal crisis.** Write a one to two sentence description of what triggered the suicidal crisis.

Triggers

**Suicidal thoughts and behaviors:** What are the thoughts, emotions, or behaviors that let you (and those around you) know that you were in crisis?

Suicidal Thoughts

**Internal coping:** What can you do on your own to distract yourself from suicidal thoughts? What do you like to do? What have you done in the past?

Internal Coping

**External coping:** Who can help distract you from your suicidal thoughts?

External Coping

**Plan:** List your coping strategies from above, starting with the most enjoyable.

**Safety Plan**

I agree to remove lethal means from the house \_\_\_\_\_ (initials)

**Emergency numbers** I will call in the event that my suicidal thoughts continue or get worse after using the coping strategies listed above:

**People to call**

Safe and trusted adult: \_\_\_\_\_  
School personnel: \_\_\_\_\_  
National Suicide Prevention Lifeline: 1-800-273-TALK (8255)  
988

If no one is available and I have tried all of the coping strategies listed above, and still I believe I might do something to end my life, I will go to the emergency room \_\_\_\_\_ or call 988.

By signing below I agree that I have been part of the creation of this safety plan and that I intend to use it when I am having thoughts of suicide. I realize that my signature below does not make this a legal contract, but rather a plan for my continued well-being and happiness.

Student	Signature	Date
School Personnel / Credential	Signature	Date
Supervisor/Administrator / Credential	Signature	Date
Parent / Guardian	Signature	Date