**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_'s SAFETY PLAN Date:**

**In an emergency, this is how I WILL cope:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Make Environment Safe (Remove Access)** | **Warning Signs & Vulnerabilities (Triggers)** | **Things I Can Do On My Own (Coping Skills)** | **Adults Who Can Help Support Me** |  **Resources**  |
| Lock away all medications (including over the counter medications, vitamins, prescription medications)Lock away cleaning supplies Secure sharpsParent/Guardian will monitor Daily check-ins (AM or PMs)  |  |  | In School: At home:Other: | Safety Hotlines:Text Crisis Line (text HOME to 741741)The Trevor Lifeline (866–488–7386) The Trevor Project: <http://www.thetrevorproject.org>. Suicide Hotline 800-273-8255911 |

**When I am feeling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I will AVOID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**