**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_'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 sharps  Parent/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 800-273-8255  911 |

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