

## STUDENT SAFETY PLAN

Here are some warning signs (thoughts, ideas, mood, behaviors and/or feelings) that would let me know that I need to use my safety plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

These are things I can do, on my own, to take my mind off of my problems (relaxation techniques, physical activities):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

These are people or places that could help me take my mind off of my problems for a little while and distract me.

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name \_\_\_\_\_ Phone: \_\_\_\_\_
3. Place \_\_\_\_\_
4. Place \_\_\_\_\_

These are family or friends that I could talk to when I am in a crisis and need help:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

These are agencies I can contact during a crisis:

**Clinician Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Kid Talk-575-636-3636**

**LCDF Mobile Crisis-575-650-7729**

**New Mexico Crisis Line-1-855-662-7474**

**Mesilla Valley Hospital-575-382-3500**

**National Suicide Prevention Lifeline-1-800-273-8255**

**Paso Behavioral Health-1-800-967-3411**

**Emergency Number-911**

**Peak Behavioral Health-575-589-3000**

These are environmental supports an administrator may put in place during a crisis:

- Escort
- Search Person and/or Possessions
- Restrict student medication self-carry
- Restrict off campus lunch privileges
- Other: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_