

LCPS Family Safety Plan

I, _____ agree to support _____
Adult Name Student Name

and to be actively involved in all aspects of treatment including:

- Providing a healthy and safe environment, and not leaving student alone;
- Removing access to firearms, medicines, and other dangerous objects;
- Providing access to mental health services;
- Participating in our safety plan and calling 911 if our family is not safe.
- In times of crisis or major mood shifts, I will support and assist my student with:

- Things they can do, on their own, to take their mind off their problems like:

- Contacting people or going to places that will take their mind off their problems:

- Contacting family members and friends that they can talk to when they are in crisis:

Important Numbers:

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-382-3500

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

Peak Behavioral Health-575-589-3000

Emergency Number-911

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

I will follow up with the following school staff, _____ upon my student's return to school.

Parent Printed Name: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Staff Signature: _____ Date: _____