Secondary Suicide Prevention Safety Promise 

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, promise that I will not attempt suicide or do anything else to hurt myself. During this time, I promise to take care of myself by eating well and getting enough sleep at night. I can also \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to take care of myself.

 (list healthy behaviors student identifies)

If I am ever having thoughts of suicide I will:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (list coping skills student identifies, such as journaling, drawing…)

1. Talk to at least one of the people I trust right away.
	1. At home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. At school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Anyone else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If I feel like attempting suicide or hurting myself AND I am not able to talk to any of the people I trust, then I will call:
	* 911
	* RHA Community Crisis 1-855-345-1200
	* 1-800-SUICIDE (1-800-784-2433)

*For High Risk Students:*

\_\_\_\_ I understand I have been identified as a student with a high risk of suicidal thoughts.

* + I must be seen by a Mental Health provider TODAY.
	+ There will be a re-entry meeting required when I return to school.

*Both of these requirements are put in place to ensure the immediate safety of the student as well as the safety upon their return to campus.*

I understand it is important to keep my promise and stay safe.

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

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_