

CYSTIC FIBROSIS CENTER

Safety Plan for Child or Adolescent: _____

If I begin to have thoughts and/or intentions of hurting or killing myself, or if I am at risk of being in an unsafe situation, I will take the following steps:

1. Talk about my feelings with someone that I trust. Specifically, I can talk to the following people:
2. I or someone else will call (_____) at (_____).
3. If I am unable to find someone to talk with, I can also call the Crisis Hotline number which is 800-273-TALK (8255) or _____ (ADD YOUR RESOURCES HERE).
4. If I am not able to stay safe, then I will go immediately to the Psychiatric Emergency Room (OR ANOTHER EMERGENCY RESOURCE IN YOUR AREA). The address is _____. (ADD RESOURCE)
5. Parents should be sure that all firearms are either removed from the home or are locked away and secured. Access to medications and sharp objects (e.g., kitchen knives) should also be monitored and restricted.
6. Parents should also be sure children are not left alone if they are having suicidal thoughts.
7. Other considerations:
8. I agree to follow the above actions as necessary to maintain my safety:

Adolescent: _____ Date: _____

Parent: _____ Date: _____

Provider: _____ Date: _____