Pediatric Safety Plan

As you fill in this form, focus on your own needs and what would be helpful to you in times of crisis. Your healthcare provider may also review with you to discuss ideas.

My Commitment to Be Safe

The one thing that is most important to me and worth living for is: ________________________________________________________________

Warning Signs

What are some situations, persons, thoughts, and feelings that trigger my symptoms of depression and self-harm?

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<th>Situations</th>
<th>Thoughts</th>
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Coping Skills

What are some coping skills I can use to help myself immediately calm down when I have the thoughts or feelings listed above? I will stop and think of these skills. (Deep breathing, etc.)

- I can/will: ________________________________________________________________
- I can/will: ________________________________________________________________

What are some coping skills I can use to help me get control?
(Activities that can distract me while I develop strength to cope with stress and pressure, such as talking to someone)

- I can/will: ________________________________________________________________
- I can/will: ________________________________________________________________

Home Treatment

What will my treatment be after I leave the hospital?

- Therapy: ________________________________________________________________
- Medications: _____________________________________________________________
- Other: _________________________________________________________________

What are some specific steps I can take that will help me continue to get better?

__________________________________________________________

Continued on next page
Pediatric Safety Plan (continued)

My Support System
In what specific ways can my family or significant other help me to be healthier?

Who are the people that will support me in a positive and healthy way?

1. Name ___________________________ Phone Number: ______________________

2. Name ___________________________ Phone Number: ______________________

Making the Environment Safe
How can I make my environment safer? For example, can I remove guns, medications, and other items?

1. ____________________________________________

2. ____________________________________________

Professionals or agencies I can contact during a crisis
Who can I call for help? My doctor, a mental health provider, a suicide hotline?

• Clinician name: ___________________________ Phone: ___________ Pager or emergency #: ___________

• Clinician name: ___________________________ Phone: ___________ Pager or emergency #: ___________

• Local urgent care services: ___________________________ Address: ___________________________ Phone: ___________

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Family Contract — Home Rules and Expectations
An important part of safety is supervision.

My parent/s and I must agree on the four W’s and a curfew time before I go anywhere.

Who are you going with? Where are you going? What will you be doing? When will you be back?

If there is a change in plans, I will always call and let my parents know of the change.

Weekday Curfew: ___________________________ Weekend Curfew: ___________________________

Basic Family Rules (The rules that keep the family safe and demonstrate respect.)

1. ____________________________________________

2. ____________________________________________