

STUDENT SAFETY NOTICE

STUDENT NAME

PERSONAL RESOURCES

If I am having thoughts of harming myself and/or others, I will get assistance from a trusted adult(s).

Please provide names and phone numbers for two adults you trust:

Name of Trusted Adult:	Phone Number:
Name of Trusted Adult:	Phone Number:

AGENCY RESOURCES

AGENCIES THAT PROVIDE ASSISTANCE

Agency Name:	Agency Telephone Number:
West Alabama Mental Health Center	334-289-4000
Bryan W. Whitfield Memorial Hospital	800-239-2901
National Suicide Prevention Lifeline	1-800-273-TALK (8255)

SIGNATURES OF AGREEMENT

I acknowledge that I have received the names and phone numbers of professional organizations that can be reached 24 hours a day.

Student Signature (Grades 6-12)	Date:	Time:
Parent/Guardian Signature:	Date:	Time:
Counselor/Nurse/Principal Designee Signature:	Date:	Time:

DOCUMENTATION OF REFUSAL TO SIGN SAFETY PLAN AGREEMENT (If applicable)

- Student refused to sign Student Safety Notice (Grades 6-12)
- Parent refused to sign and/or allow student to sign Student Safety Notice