

# Suicidal Threat Agreement

I, \_\_\_\_\_, hereby agree that I will not harm myself in any way. I further agree that I will take the following actions if I am ever suicidal:

1. I will remind myself that I will not under any circumstances, harm myself in anyway.
2. I will call 911 if I believe that I am in danger of harming myself.
3. I will call the numbers listed below if I have suicidal thoughts.

**1-877-619-3761      Area mental health services**

**1-800-SUICIDE      24 hour hotline**

**911                      Available anytime**

4. I will continue talking on the phone with as many people as necessary for as long as necessary until suicidal thoughts have subsided.

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

Signature of Counselor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_