

SAFETY PLAN

Name: _____ Date: _____

Who will be supervising you? _____

Who will be joining you? _____

What will you be doing (or where are you going) that you need a safety plan for)?

Who can you talk to if you need to in an emergency? Include phone numbers.

When are you doing this? From: _____ To: _____

Who do you need to contact about this? _____

What possible dangerous situations could you get into?

What ways will you avoid or escape from these situations to stay out of trouble?

Potential dangerous situation: _____

Ways to avoid or escape this situation: _____

Potential dangerous situation: _____

Ways to avoid or escape this situation: _____

If there are additional, possible dangerous situations write them on the back.

This Safety Plan is approved by: _____