

Alachua County Public Schools
Student Support Services

Suicide Prevention Agreement

1. I, _____ agree not to kill myself, or cause any harm to myself during the period from _____ to _____ the time of my next appointment with _____.

2. I agree to get enough sleep and to eat well.

3. I agree to get rid of things I could use to kill myself.

4. I agree that if I have a bad time and feel that I might hurt myself, I will call _____, my counselor, immediately at _____, the Crisis Center at (352) 264-6789, or 911.

5. I agree that these conditions are part of my counseling contract with _____.

Signed: _____

Date: _____

Witnessed: _____