

# *No Harm Agreement*

Date:

I \_\_\_\_\_, agree not to harm myself in any way. If I

begin thinking about harming myself, I will tell at least

one of the following adults: \_\_\_\_\_  
(Name) (Phone Number)

\_\_\_\_\_  
(Name) (Phone Number)

\_\_\_\_\_  
(Name) (Phone Number)

If I cannot speak with one of these adults, I will call the Crisis Hotline at

1-800-784-2433 (1-800-SUICIDE)

or the \_\_\_\_\_ at \_\_\_\_\_  
(Name of Agency) (Phone Number)

**By signing below I acknowledge that I understand and agree to this contract and will abide by it.**

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(School Personnel Signature)

