

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## MY SAFETY PLAN

WARNING SIGNS that a crisis may be developing (thoughts, images, mood, situation, behaviour)

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INDIVIDUAL COPING STRATEGIES (what I can do without others: relaxation, physical activity)

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COPING STRATEGIES WITH OTHERS (things that involve other people: going to a movie, talking)

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KEEPING THE ENVIRONMENT SAFE (what I can do: remove sharps, medications)

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### SUPPORT AND CONTACT INFORMATION

People that I can ask for help:

NAME	CONTACT INFORMATION	TYPE OF SUPPORT

Professionals and agencies I can contact during a crisis:

NAME	CONTACT INFORMATION	TYPE OF SUPPORT
BC Crisis Line	1.888.353.2273	24 Hour Telephone Crisis Support
BC Suicide Hotline	1-800-SUICIDE (1-800-784-2433)	24 Hour Telephone Crisis Support
Kelowna General Hospital	2268 Pandosy St.	Emergency Department

- I understand that my safety plan will be discussed with my parents/guardians.
- I commit to thinking through decisions carefully and reviewing my safety plan before acting impulsively.

THE ONE THING THAT IS MOST IMPORTANT TO ME AND WORTH LIVING FOR IS:

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