

# Life-Line Contract

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

I, \_\_\_\_\_, promise and agree not to harm myself and/or attempt suicide. If I do have any thoughts of hurting or killing myself, I will tell an adult or family member immediately. I will also contact at least one of the crisis hotlines provided to me in this contract.

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

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

## 24 Hour Help

|                             |                |
|-----------------------------|----------------|
| Suicide Prevention Lifeline | 1-800-273-8255 |
| Kempsville Center           | 461-4565       |
| Emergency Crisis Line       | 627-5433       |
| Community Services Board    | 548-7000       |
| Police                      | 911            |

At school I can also talk to: Teacher \_\_\_\_\_

Student \_\_\_\_\_

Other \_\_\_\_\_

Outside of school I can talk to: \_\_\_\_\_

\_\_\_\_\_