

STUDENT SAFETY PLAN
Plan de Seguridad del Estudiante

I, _____ a student at _____
 Yo, _____ alumno de _____

agree to do no harm to myself in any way. I understand that if I am having suicidal thoughts that I agree to contact the counselor, nurse, or principal at school. I know I can also call: con el consejero(a), el enfermero(a), o el director(a). Otros lugares a los que puedo llamar son:

Available Resources	
Emergency	911
Texas Local and Community Resources	211
Harlingen Medical Center	365-1000
Valley Baptist Medical Center	389-1100
San Benito City Police	361-3880
San Benito CISD Police	361-6475
Buckner Children & Family Services (STAR)	423-7909
Boys Town National Hotline	1-800-448-3000
Dept. of Family and Protective Services	1-800-252-5400
National Hope Line Network	1-800-442-4673
Tropical Texas Behavioral Health	956-423-8094
Tropical Texas Crisis Hotline	1-877-289-7199
National Runaway Switchboard	1-800-786-2929
Kids' Korner Renaissance Outpatient Rehab Center L.L.C.	682-6900
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Suicide Prevention Hotline	1-800-448-3000
San Benito CISD Parental Involvement Center (Parent Sessions)	361-6310

If I cannot reach them, I will call 911 and get help for myself.
 En caso que no pueda comunicarme, llamaré al 911 y pediré ayuda.

Student Signature (Firma del estudiante): _____ Committee

Member Signature(Firma del miembro del comite): _____ Committee Member

Signature(Firma del miembro del comite): _____

(Testigo(a)): _____ Date(Fecha): _____

Received copy (student): _____ Date (Fecha): _____

The school district will not pay for these services. El distrito escolar no pagará por estos servicios.