

THE COUNSELING & FAMILY WELLNESS CENTER

1385 W. SR-434 SUITE 207 LONGWOOD, FL 32750



No-Suicide Contract

I, _____, promise not to harm or injure myself in any way
for the time period from _____ to _____.

If I feel like harming myself, I will contact _____ immediately
at _____ or go to the nearest emergency department for help.

Signature Date:

Signature of Parent or Legal Guardian Date:

Witness Date: