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**PRACTICUM LABORATORY**

**NO-SUICIDE CONTRACT**

I \_\_\_\_\_ agree not to kill myself, attempt to kill myself, or cause harm to myself during the period from \_\_\_\_\_ to \_\_\_\_\_, the time of my next schedule appointment.

I also agree not to harm anyone else during this same period.

I agree to take care of myself and get enough sleep and eat well.

I agree that I will not become intoxicated through the use of alcohol or drugs.

I agree to get rid of things that I could use to harm myself, such as guns or pills.

I agree that if I have a bad time and feel that I might hurt myself, I will call my counselor at

Phone Number: \_\_\_\_\_ or the following Counseling Center.

Counseling Center: \_\_\_\_\_

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

I agree that these conditions are part of my counseling contract with

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date and Time