

I-CHOOSE-LIFE!

My Personal Commitment to Myself:

1. I agree to value every life, including my own.
2. I commit to practicing health activities like:
 - Getting consistent sleep
 - Hanging out with positive people
 - Eating a good balanced diet
 - Getting some form of exercise
 - Avoiding excessive alcohol use and the use of drugs
 - Attending doctor's appointments
 - Taking my medication as directed
3. I agree to make a list of 5 safe people and/or organizations (e.g. school counselors, church staff, etc.) that I can seek help from if I feel depressed or are considering taking my life.
4. I understand that if I am having the following symptoms, I may be getting depressed:
 - Excessive sleep/inability to sleep
 - Reckless behavior
 - Unusual irritability
 - Wanting to be alone all or most of the time
 - A loss of energy to do things I used to enjoy
 - Feeling worthless or hopeless
 - Excessive use of drugs or alcohol
 - Increased or loss of appetite
5. I commit to talk with my friends or family if I see these symptoms in them.
6. I commit to listen to my friends or parents if they tell me that they see these symptoms in me.
7. I understand that if I use Alcohol or illegal drugs, I may act in ways that are less rational and more impulsive.
8. I recognize that if I or someone I know is thinking about suicide or taking their life, that this is a sign that professional help is needed.
9. I understand that the national suicide hotline is 1.800.273.8255 or text "go" to 741-741.
10. I understand that Tri-County's 24/7 Crisis Hotline is 1.800.659.6994.

By signing this form, I am committing to choose life if I ever have thoughts of suicide.

SIGNED BY: _____

I will Choose Life, because Suicide is Never an Option!

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Caregiver Commitment Sheet

Commitments:

1. I understand that I may be scared or uncertain of what to do if my child/friend/family tells me they are thinking about taking their life; however I commit to not keeping this a secret and getting my child/friend immediate help.
2. I commit to taking these concerns very seriously and I will not wait to get them help.
3. I commit to reacting calmly, without judgment, and in a way that encourages my child/friend to share their feelings.
4. I commit to seek immediate help from emergency response by calling 911 if someone is actively trying to hurt themselves.
5. I commit to assist my child/friend in seeking professional help if they are considering hurting themselves.
6. I recognize that if I or someone I know is thinking about suicide or taking their life, that this is a sign that professional help is needed.
7. I will help my child/friend to remain safe while they are seeking help.
8. I understand that the national suicide hotline is 1.800.273.8255 or text "go" to 741-741.
9. I understand that Tri-County's 24/7 Crisis Hotline is 1.800.659.6994.

By signing this form, I am committing to help them choose life if they tell me they are having thoughts of hurting themselves.

Signature: _____ Date: _____

I will help them Choose Life, because Suicide is Never an Option!