

# Child's Safety Plan

Date \_\_\_\_\_

Your Name \_\_\_\_\_ Your Parent's Name \_\_\_\_\_

Your Address \_\_\_\_\_ Your Phone Number \_\_\_\_\_

Directions to your House \_\_\_\_\_

Phone Numbers to call in case of an emergency:

Things you will do if you see or you're your mom being hit:

911	
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Places to hide inside your house or apartment:

Ways to get out of your house if necessary:

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Names of people who can help:

Places you can go for help:

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If you or any of your family members are being hit, you will tell:

Some reasons why you will not try to break up a fight between people who are bigger than you: