



COMMITMENT TO LIVING CONTRACT

I, _____, (student), hereby contract with _____ that I will take the following actions if I feel suicidal.

- 1. I will not attempt suicide.
- 2. I will phone _____ at _____

Or, _____ at _____.

- 3. If I do not reach _____, I will phone any of the following services.

BOZEMAN HELP CENTER 406-586-3333

SUICIDE PREVENTION HOT LINE 800-273-8255

I will further seek supports from any of the following people:

NAME	PHONE
_____	_____
_____	_____

I could also do this:

If none of these actions are helpful or not available, I will check in the ER at the following:

Bozeman Deaconess Hospital 915 Highland Blvd, Bozeman **585-1000**

*If I am not able, I will phone **911** for help.*

Student's Signature _____ Date __/__/__

Staff's Signature _____ Date __/__/__