

_____'s Personal Safety Plan

(YOUR NAME)

☆☆☆ What Would YOU Do?

1. You come home from school or a friend's house, and there is no adult at home:

2. Someone knocks on the door when your parent is in the shower:

3. You are at the mall or the store and you get lost:

☆☆ Write Your Own FAMILY SAFETY RULES ☆☆

1. _____

2. _____

3. _____

4. _____

☆☆ If there is an EMERGENCY, or someone is getting hurt, I WILL CALL 911 ☆☆

I will tell them My Name: _____

My Phone Number: _____

My Address: _____

I will also tell them WHAT IS HAPPENING.

MY PHONEBOOK:

Trusted Adult: _____ Phone Number: _____

Trusted Adult: _____ Phone Number: _____

Trusted Adult: _____ Phone Number: _____