

Event or Activity Safety Plan

Date of Request: _____

Client Name: _____ Client Phone: _____

PO: _____ PO Phone: _____

Event/Activity: _____ Date and Time: _____

Client's Time of Arrival: _____ Client's Time of Departure: _____

Chaperone/Supervisor: _____ Phone: _____

Reason for Attending: _____

Prevention Plan:

- a. Use restroom before or after event, or behind a locked door
- b. No physical contact unless outlined in plan.
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____
- k. _____
- l. _____

This Safety Plan is not valid until the following parties have signed below.

Client Agreement: _____ Date: _____

Supervisor/Chaperone Agreement: _____ Date: _____

Therapist Approval: _____ Date: _____

PO Approval: _____ Date: _____

Other Approval: _____ Date: _____

Relationship to Client: _____

Other Approval: _____ Date: _____

Relationship to Client: _____