

La Joya ISD
No Suicide/Homicide Contract

I, _____, promise that I will not kill, harm, or injure myself in any manner.

I also promise that if I should become depressed or feel hopeless at any time of day or night, I will contact someone with whom I can talk.

I acknowledge that I have received telephone numbers, names, and addresses of professional persons and organizations that can be reached 24 hours a day.

Important people in my life with whom I can talk and will contact are:

Name:	Relationship:	Phone No:
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Student's Signature	Date	Time

_____	_____
Witness	Title

<u>Emergency Telephone Numbers: (24 hours a day)</u>	
South Texas Behavioral Health Center.....	388-1300
Tropical Texas Center for MHMR.....	289-7000
Mission Hospital.....	580-9000
Hidalgo County Sheriff's Dept.....	383-8114
Ismael "Melo" Ochoa, Justice of the Peace.....	581-2124
Emergencies.....	911