Empowering Youth to DECYDE

Student Name: _____

MY PERSONAL SEXUAL HEALTH SAFETY PLAN

For when I am feeling: _____

Some trusted people I can contact:

Ways I can stay safer:

1.

2.

3.

4.

5.

Places I can go for emergency medical care (e.g., contraception or STI treatment):

Other resources I can use to get care:

For more information on other resources:

Decyde.ca/educational-materials/#sexual-health