

III. Plan Agreement: Signature on the safety plan indicates that the responsible person agrees to follow the safety plan as prescribed. The responsible person also agrees to notify the child and youth caseworker and/or private provider staff if they are in need of assistance, unable to fulfill their responsibilities as detailed in the plan, and/or if other individuals attempt to have unapproved contact with the child.			
Responsible Persons Print Name/ Address	Signature	Relationship to Children	Date
Agency Representatives:			
Caseworker		Phone:	
Supervisor		Phone:	
IV. Parental / Legal Custodian Waiver (Sign Below): “I authorize the release of all of the information on the Safety Assessment and Plan to all participants in the Safety Plan, for the purpose of providing information about their role in enforcing the Safety Plan. I hereby waive any rights to confidentiality that I may otherwise have concerning the information on the Safety Plan.”			
Parent or legal custodian name	Signature	Phone:	
Parent or legal custodian name	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Other Name	Signature	Phone:	