

SAFETY CONTRACT



Please ask adults that you trust to help you with this contract. By signing at the bottom, they are promising to be someone who will help you to be a safe child.

I know that touches feel good sometimes, but sometimes I don't like the touch. I know that it is O.K. to say "NO" to a touch that I don't like because it hurts me or scares me or makes me feel awful inside.

I LIKE THESE TOUCHES:

I SAY "NO" TO THESE TOUCHES:

If anybody, even an adult, touches me in a way I don't like, I will try to say "NO". I will try to get away as soon as I can and tell an adult that I trust what happened. Some adults I could tell when I need help are:

I will keep telling until someone believes me, even if I promised not to tell. I don't have to keep secrets that might hurt me. I know that what happened is not my fault.

I AM IMPORTANT! I HAVE A RIGHT TO BE A SAFE CHILD!

SIGNED _____

I promise to help this child and other children who need help to be safe.

SIGNED _____

SIGNED _____

SIGNED _____

SIGNED _____



24 Hour Hotline 724-836-1122

Toll-Free 1-888-832-2272

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