

PARENT / CHILD DRUG AND ALCOHOL CONTRACT

The purpose of this contract is for us to agree on rules pertaining to drug and alcohol use.

I _____, agree to the statements below: (Pre/Teen initials each line).
(Pre/Teen's Name)

_____ I know that my parents / guardians signing below will always love me and accept me. I also recognize that this love and acceptance requires that my parents / guardians help me to resist peer pressure to use alcohol and drugs.

_____ I know that it is illegal for me to drink alcoholic beverages before I am 21 years old.

_____ I will not drink any alcoholic beverage - for example, beer wine, hard liquor - or drinks containing or made from alcohol.

_____ I will never accept a ride with anyone who appears to be under, or is actually under the influence of alcohol or drugs. Instead, I will stay where I am and call for a ride home.

_____ I will not use any kind of illegal or mood altering drugs or inhalants.

_____ I will not abuse prescription medications.

_____ I know it is illegal for me to purchase tobacco products under the age of 21. I will not use tobacco.

_____ I will never "hang out" with others while they are using alcohol or drugs.

_____ I will never help someone buy drugs or alcohol.

_____ I will never consume alcohol, drugs or inhalants before driving or while driving—nor will there be open containers of alcoholic beverages (mine or anyone else's), drugs or drug paraphernalia at any time in the vehicle.

_____ I will always wear a seatbelt. In order to make sure I remain drug and alcohol free, I understand that my parents / guardians will drug and alcohol test me on a random basis from age _____ through 18. If I do not follow the terms of this contract, or if I fail a drug or alcohol test, I understand that the following privileges will be revoked: (Check appropriate lines).

_____ Cell phone _____ Computer (except for homework) _____ Allowance _____ Dating
_____ Movies _____ Driving privileges _____ Visiting friend's homes _____ Friend's staying
overnight _____ Video games

(Fill in with any additional disciplinary enforcements)

I/We (_____), on this day, (_____), do agree that for each month _____ remains drug, alcohol and tobacco free, I/We will continue to provide the following:

Reward/ Privilege Description:

_____ Room & board _____ Transportation _____ Clothing _____ Allowance _____ Cell phone

_____ Use of vehicle (if of legal driving age) _____ Use of computer / internet access _____ Video games

(List other rewards/ privileges)

I / We love you, and are committed to you, and to your health and safety. By signing below, I / We pledge to do our best to understand and communicate with you about the difficulties you face as a teenager. I / We are willing to “take the heat” from your friends because of the decision to drug and alcohol test you. I / We also agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety.

I / We also pledge to you to never drive under the influence of alcohol or drugs, and I / We will always seek safe, sober transportation home, and will always remember to wear a seatbelt.

By signing below, _____ pledges his /her best effort to remain alcohol and drug free.

Pre/Teen Date

Parent/Caring Adult Date

Parent/Caring Adult Date