

FAMILY AGREEMENT FORM: AVOIDING DRUGS AND ALCOHOL

THE AGREEMENT

As your **mom/dad/caregiver**, I pledge to do my part in helping you lead a healthy life, free from alcohol, marijuana and other drugs. I promise to talk with you about the dangers and harmful effects of underage drinking and drug use and to help you make sense of misleading information you may find online. I pledge to help you find alcohol and drug-free activities that are fun and safe for you and your friends. I also pledge to pick you up at any time or place if you find yourself in an uncomfortable situation where underage drinking is involved or drug use is present.

By signing this pledge, I agree that I will have open conversations with you about alcohol and drugs and listen to your thoughts and questions. Together we will problem-solve solutions to avoid or manage situations where your peers are drinking alcohol or using drugs.

I am signing this pledge because I care about you.

Signature _____

Date _____

As your **son/daughter**, I understand that the majority of South Orange County teens don't use alcohol or drugs. I understand that underage drinking and drug use can harm my body and my mind, and could make me say or do things I might regret. Alcohol, marijuana and other drugs can also get in the way of realizing my goals and dreams. I pledge to avoid situations where my friends and peers are using drugs or drinking underage. I also pledge not to ride in a car with a friend who has been drinking or using drugs. I promise to call or text you if I need help getting out of a situation that is making me uncomfortable or putting me at risk.

By signing this pledge, I agree that I will not drink alcohol or use drugs while I am under the age of 21.

Signature _____

Date _____

For facts about alcohol and drugs, visit: RaisingHealthyTeens.org