



Parent/Child Drug and Alcohol Contract

The purpose of this contract is for us to agree on points pertaining to drug and alcohol use. A student will receive 2 hours of community service if a filled contract is handed in at the next EBYC general meeting.

I, _____, agree to the statements below: (Student initials each line)

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

____ I understand the laws and agree to follow them. I understand the consequences of breaking any one of the laws, especially the ones pertaining to drugs and alcohol.

____ I know that it is illegal for me to consume alcoholic beverages before I am 21 years old. The harmful effects of alcohol are especially amplified before the legal age, so I know to wait.

____ I will not use any kind of illegal or mood altering drugs or inhalants. I will not abuse prescription or over the counter medications. These type of drugs are dangerous and can permanently damage my body. This risk also includes death.

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

___ I will never encourage others to use alcohol or drugs. I will not succumb to peer pressure, as I can make decisions for myself.

___ I will never help someone buy/steal alcohol or drugs. I may not be able to stop someone from making bad decisions, but I will not help or encourage them.

___ I will never consume alcohol, drugs, or inhalants before driving or while driving, nor will there be open containers of alcoholic beverages, drugs, or drug paraphernalia at any time in the vehicle.

___ My parents/guardians are responsible for my safety and their children are their first priority. In order to make sure I remain drug and alcohol free, I understand that my parents/guardians can 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 | ___ Driving privileges | ___ Allowance |
| ___ Video games | ___ Visiting friends' homes | ___ Friends staying overnight |
| ___ Movies | ___ Dating | |
| ___ Computer (Except homework) | | |

Fill in any additional disciplinary enforcements:

I understand that my parents aren't the only people that will help me as I continue to fulfill this contract. Here are a list of people that will help and support me.

(Create a list of friends, family members, teachers, adults, etc. that can be there for you when you need it the most)

_____	_____
_____	_____
_____	_____

___ Lastly, I understand that not only are drugs and alcohol harmful, illegal, dangerous and wrong, but they are unnecessary to my life. There are better ways I can relieve stress without succumbing to the influence of drugs and alcohol. Here are a list of things I can do without drugs or alcohol:

(List out a bunch of ways *you* can relieve stress instead of drugs and alcohol e.g. sports, instruments, hobbies, recreational activities, etc.)

_____	_____
_____	_____
_____	_____

Parents/Guardians

** A mentor may also sign*

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

_____ Clothing _____ Cell Phone _____ Use of Computer/internet access

_____ Allowance _____ Video games _____ Use of vehicle (if of legal driving age)

List other rewards/privileges:

I love you, and I am committed to you and your health and safety. By signing below, I pledge to do my best to understand and communicate with you about the difficulties you face as a teenager. I am willing to “take the heat” from your friends because of the decision to drug and alcohol test you. I also agree to provide you safe/sober transportation home if you are ever in a situation that threatens your safety. I also pledge to never drive under the influence of alcohol or drugs, and I will always seek safe, sober transportation home, and will always remember to wear a seatbelt.

By signing below, _____ pledges their best effort to remain alcohol and drug free.

Teen Signature and Date _____

Parent Signature and Date _____

Parent Signature and Date _____

