

DRUG, ALCOHOL AND TOBACCO CONTRACT

Note to Parents: *Involve your teen in the process of setting up this contract. Their participation will contribute to their sense of ownership, accountability and reinforce the contract terms.*

Teen's Name: _____

Date: _____

TEEN EXPECTATIONS:

1. I agree not to drink any alcoholic beverages- beer, wine or hard liquor until I am legally of age.
2. Under NO circumstances will I accept a ride from anyone who appears to be or is under the influence of a drug(s). Instead I will stay where I am and I will call for a ride home.
3. I agree not to stash or hide drugs, alcohol or tobacco for any of my friend. If I do, I am guilty of possession of drugs, alcohol or tobacco.
4. I agree to come to my parent(s) for support if I am having trouble resisting peer pressure. As a result, I will not be punished for reaching out and being honest.

PARENT EXPECTATIONS:

1. I agree to monitor and/or observe my child's behavior if I suspect any drug, alcohol or tobacco use.
2. I agree to check in with other parent's if I suspect my child is using drugs, alcohol or tobacco.
3. I agree to call on other parents to ask about supervision at parities.
4. I agree to address my concerns with my child if I suspect drug, alcohol or tobacco use.
5. I agree to seek outside support for my child if I am not effective in handling my child's substance abuse problems.
6. I agree to listen and support my child if he or she comes to me with peer pressure issues or any other problems that could lead to substance abuse.

If I violate this contract, then I will receive the following consequence(s):

If I follow this contract, then I will receive the following reward(s):

Child Signature: _____ Date: _____

Parent Signature: _____ Date: _____

