Family Prevention Agreement

The _____Family

Date:	
This is a tool for your family to help initiate conversation about alcohol and discuss an alcohol, tobacco and other drug prevention agreement that refleand expectations of your family.	_
As parents/guardians in the family we agree to:	
Create an environment of open communication in our home	
 Have open communication with other parents to ensure that our homes are safe environments for our teens 	and drug-free
Supervise youth activities in our home	
Not allow underage drinking in our home	
 Prevent easy access to alcohol and other drugs (including prescription drugs) 	
•	(add your own)
•	(add your own)
As a young person in the family I agree that: I will remain alcohol- and drug-free I will not use any alcohol, tobacco, or other drugs	
I will not allow my friends to bring alcohol, drugs, or drug paraphernalia into our h	nome
I will not stay in environments where other teens are drinking or using drugs	
I will call and ask to be picked up if I am in a situation where drugs and alcohol ar	re present
I will not drive or ride in a vehicle with a driver who has been drinking and/or usi	ng drugs
•	(add your own)
•	(add your own)
Parents/Guardian Signature(s):	
Child/Youth Signature(s):	