COLE'S WARRIORS

SUBSTANCE ABUSE PLEDGE

Student:

I promise today that I will not take any harmful or illegal substances for entertainment, to impress my friends, or to relieve stress. I know the effects that drugs can have on a person's life. I am aware that drugs may injure or kill me, as well as hurt my family, friends and others who care about me. Furthermore, I agree to take the necessary actions to help my friends and family members to stay drug- and alcohol- free.

With parent or guardian approval, I agree to participate in a random drug screening program until I am 18 years old or graduate from High School, whichever comes first. This requires me to provide a urine sample, which will be screened for the most commonly abused drugs.

Participating in this drug screening program puts a commitment behind my pledge. I have been informed that all testing and results are completely confidential. Results, both positive and negative, are disclosed only to my parent or guardian.

_____ _____ _____

(Print Here) *(Sign Here)* *(Date)*

Parent/Guardian:

I ☐ allow / ☐ do not allow *(please check one choice)* my child to participate in a random drug screening program to test for the most commonly abused drugs.
I ☐ am / ☐ am not *(please check one choice)* my child's parent or legal guardian who has the authority to enter into said agreement with my child who will be tested for the most commonly abused drugs

The drug screening will be conducted by a member of Cole's Warriors. Screening results, both positive and negative, will be provided to you in writing. This drug screening is free of charge. Participation in the random drug screening program allows the student to have what is viewed by their peers, a legitimate reason to say "No", without affecting their social standing.

Please read and initial the liability release of all claims below:
I have read this form and am aware of and understand that in consideration of (in exchange for) the right of my child to participate in the random drug screening program. I have the authority to enter into this agreement on behalf of my child. I agree to indemnify the Family and Youth Initiatives staff or volunteers, and any employees or volunteers from my child's school, from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise or result from my child's participation in the above mentioned drug screening program including costs and reasonable attorney fees.

_____ *(Initial Here)*

_____ _____ _____

(Print Here) *(Sign Here)* *(Date)*

_____ _____ _____ _____

(Street Address) *(City)* *(State)* *(Zip code)*

_____ _____

(Name of School) *(Graduation Year)*

fYi
family
& youth
initiatives