

“Talk. They Hear You.”[®] Family Agreement Form

As your **parent/mom/dad/caregiver**:

- I promise to talk with you and answer your questions about the risks and dangers of drinking alcohol and using other drugs.
- I will create an alcohol- and drug-free environment that is safe for you and your friends.
- I promise to pick you up at any time or place if you find yourself in an uncomfortable situation where underage drinking or other drug use is involved.

As your **child**:

- I understand that drinking alcohol and using other drugs is harmful to my health and can make me say or do things I might regret.
- I will do my best to avoid situations where my friends and others are drinking alcohol or using other drugs.
- I promise to call or text you to help get me out of situations where alcohol and other drugs are being used.

By signing this form, I agree to help keep you alcohol- and drug-free.

By signing this form, I agree to not drink alcohol or use other drugs.

Parent/mom/dad/caregiver signature

Child signature

X

X

For more resources visit our website at www.colchesterct.gov/yss

