

I pledge

To encourage youth to be substance free by:

- Hosting alcohol-free, tobacco-free, and other drug-free parties for them.
- Not allowing my child(ren) or other friends to possess or consume alcohol, tobacco, or other drugs on my property.
- Discouraging my child(ren) from attending parties in which underage youth are using alcohol, tobacco, or other drugs.

Parent Name: _____

Date: _____

Signature: _____

_____ I agree to allow my name to be printed in conjunction with any publicity regarding the pledge (such as the website, Facebook, newspaper, etc.)



A program of the Drug-Free Action Alliance



Please mail completed pledge forms to:
Van Buren/Cass District Health Dept.
C/O Molly Hamre
57418 CR 681
Hartford, MI 49057

For questions please contact Molly Hamre at 269-261-3143 ext. 314 or email mollyh@vbcassdhd.org