



Choice Pass Pledge Commitment October 2016 to October 2017

The following pledge is to be completed by the student participant and his/her parent or legal guardian. It is important for children and parents to have frequent, calm conversations to discuss expectations and responsibilities around drug and alcohol use. This is your official Pledge to one another. You can agree to the pledges below or create your own.

STUDENT: I, _____, understand what the Choice Pass Pledge means for me and my parent or legal guardian. I agree to abstain completely from alcohol and other drugs from October 2016 to October 2017. During this time, I will do my best to make healthy and informed choices while encouraging my peers to do the same. I agree that the use of alcohol and other drugs are detrimental to my body and developing brain. Check all boxes.

- I will not drink alcohol or take drugs.
- I will not drive while under the influence of drugs or alcohol, nor will I ride in a car while someone under the influence of either drugs or alcohol is driving.
- If I feel unsafe or uncomfortable at any social event involving drugs or alcohol, I will call you for a ride home.
- I will be honest with you about my lifestyle choices and the people with whom I surround myself.
- I will talk to you when I am upset, scared, or confused - even if I'm afraid you'll be angry or disappointed.
- I will be accountable for my actions if/when I make mistakes.

Student, personalize your pledge:

- 1.
- 2.

PARENT: I, _____, agree: Check all boxes.

- I will make myself available to you whenever you need me – whether it is to talk or to give you a ride home.
- I will provide a comfortable, safe, respectful place to talk honestly about any topic that is on your mind.
- I will listen and keep an open mind when you and I speak, regardless of my own beliefs or opinions.
- I will respect your honesty if you are in a situation where you have drank or done drugs. I will not overreact or judge you; however, I am still your parent and my actions that follow will always be with the best intentions.
- I will love you for who you are.

Parent, personalize your pledge:

- 1.
- 2.

STUDENT: I understand that my Choice Pass privileges will be revoked under the following conditions: Check all boxes.

- If I am suspended or expelled from school
- If I am in trouble with the law
- If I fail a drug test
- If I am caught by my peers or adults using substances and we uphold the pledge by communicating this to GCSAPP.

Student, personalize your own healthy choices below:

- 1.
- 2.

STUDENT: In order to regain use of my Choice Pass, I will commit to the following: Check all boxes.

- Attend a conference meeting with GCSAPP staff and one, if not both, of my parents.
- Receive counseling, as appropriate.
- Fulfill obligations pertinent to the incident and pass further drug testing and/or make community amends.
- Complete a Healthy Choice Pass plan to stay substance free and use community supports to do so.
- Re-take the Choice Pass Pledge 2-4 weeks after the incident of breaking the pledge.

Student and Parent or guardian, personalize your own commitments below

- 1.
- 2.

I understand that every effort will be made to honor the confidentiality and integrity of this Pledge.

STUDENT SIGNATURE: _____ Circle: Female / Male

PARENT SIGNATURE: _____ Circle: Female / Male

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

School attending: _____ Grade in school: _____

Is this your first year in Choice Pass, circle one: YES / NO

Please identify your race/ethnicity: _____

COMPLETION DATE: ____/____/____