

Cole's Warrior's Substance Abuse Pledge



Student:

I promise today that I will NOT take any harmful or illegal substances just for fun, to impress my friends or to ease the pain. Knowing what happened to Cole Smoot, I now know the effects drugs can have on a person's life. I am aware that drugs can kill me as they have taken Cole's life. Also, I agree to take the necessary actions to help my friends and family members to stay drug and alcohol free.

With parent/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 to screen for the most commonly abused drugs.

All testing and results are completely confidential. Results, both positive and negative are disclosed only to my parent or guardian. Participating in the drug screening program puts a commitment behind my pledge.

(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 test will be conducted by Dr. Ashok Devatha at the New Carlisle Family Practice. Screening results (both positive and negative) will be provided to you in writing and the initial screening is free of charge. Participating in the random drug screening program allows the student to have what is viewed by their peers, a legitimate reason to say "No", without losing face.

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 New Carlisle Family Practice, Dr. Ashok Devatha, and all of the employees, any of the Family and Youth Initiatives staff or volunteers, and any employees or volunteers from Tecumseh Local Schools, 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)