

**The Partnership**  
for a Drug-Free  
America®  
**California Chapter**

## Red Ribbon Pledge HOME COPY

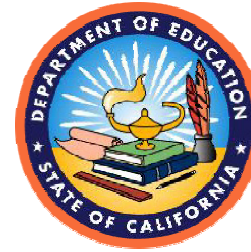
*Students and Parent(s) or Caregiver(s): Please sign below and place this half of the page on display in your home. Check off the discussions as you have them for each week in October.*

1. I pledge to be drug-free and to support The Partnership Red Ribbon Celebration by taking a stand in my family and community against alcohol and drug abuse
2. I talked with my child/parent or caregiver about:
  - ALCOHOL & TOBACCO ABUSE during the First Week of October
  - ILLICIT DRUG ABUSE during the Second Week of October
  - PRESCRIPTION DRUG ABUSE during the Third Week of October
  - A HEALTHY, DRUG-FREE LIFE during the Fourth Week of October

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Caregiver Signature

\_\_\_\_\_  
Parent or Caregiver Signature



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## Red Ribbon Pledge SCHOOL DISPLAY COPY

*Students: Please sign this and have your parent(s) or caregiver(s) sign too, then take this half of the page to school for display.*

**My family pledges to be drug-free and to support The Partnership Red Ribbon Celebration by taking a stand in our family and community against alcohol and drug abuse**

\_\_\_\_\_  
Student Name (PLEASE PRINT)

\_\_\_\_\_  
Student School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Caregiver Signature

\_\_\_\_\_  
Parent or Caregiver Signature

CUT HERE