

SOS Contract

By signing this contract, I agree not to take any drugs. I therefore agree to take this drug test at anytime my parent(s)/guardian(s) wish. Should I uphold the requirements stated in this contract, I deem myself eligible to receive certain benefits specified by my school and my parents. Should I not uphold the requirements of this contract stated above, I am fully aware of the benefits that will be stripped from me by my parent(s)/guardian(s).

Student Name: _____

Student Signature: _____

As the parent/guardian of (Student name) _____,

I agree to hold him/her accountable to honor the contract and the commitment to remain drug-free. If my child is to violate this contract I agree to hold him/her responsible.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Optional and Independent Parent/Guardian Reward:

Drug Test Information

For more Information on the oral drug test given to the teen please go to the web address <http://immunalysis.com/whyquantisal> for lists of drugs the test can detect and proper usage.