

ADULT PLEDGE Print _____ Sign _____ Date _____

STORE. MONITOR. SECURE.

To reduce the risk of underage drinking and non-medical use of medications among youth, I agree to the following:

___ I will properly **STORE** alcohol and medications in my home in a safe location to reduce youth access.

___ I will **MONITOR** alcohol and medications in my home by frequently tracking and counting the amounts of each one.

___ I will lock and **SECURE** alcohol and medications in my home by keeping alcohol in locked cabinets and using combination locks on alcohol bottles, and by keeping medication in a locked box and disposing of unused medication at a local medication drop box location.

FUNDED THROUGH THE GCHD WITH FUNDS FROM MDH AND SAMHSA.

What's in your cabinet?
AddictionHappens.org knowDrinking.net

