

Lock Your Meds®

PARENT PLEDGE

(Sign & Return Pledge To School)



In Support of Keeping _____
(My Child's Name)

& Other Children Safe, Healthy & Drug Free, I Pledge to:

Secure and take regular inventory of my medication, safely dispose of unused/expired medication and share this message with family and friends.

Name: _____ Zip: _____

☐ Yes! Sign me up for tips and tools. Email: _____

Visit [INFORMEDFAMILIES.ORG](https://www.informedfamilies.org) For Parent Tools.

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Lock Your Meds®

PLEDGE CONTEST



Take action by taking the Lock Your Meds pledge.

- 1** Return the completed pledge to school

OR

- 2** Take the pledge online at www.informedfamilies.org/lym



Three randomly selected winners will receive a \$100 Publix Gift card and Vaultz locking medicine pouches.

Learn more at www.informedfamilies.org/lym