**PARTICIPANT DRUG POLICY ACKNOWLEDGEMENT  
  
  
  
  
I understand that the Safe Exchange/Supervised Visitation Programs have a zero tolerance drug policy and the participants in the Safe Exchange/Supervised Visitation Programs are made aware of this policy as it is set out in the agreement to participate.  
  
The Safe Exchange/Supervised Visitation Programs drug and alcohol policy provides that if a drug or alcohol use prior to a visit is suspected then the visit will be terminated immediately. Total Security and Safety Inc. has the right and will require any party suspected of consuming drugs or alcohol prior to a visit to submit to a drug screening test (at the subjects expense) either by hair or blood sample within three (3) hours of the time the party arrived to visit or meet a child.    
  
This policy applies if for any reason the staff or supervisors of the Safe Exchange/Supervised Visitation Programs suspect that a party visiting a child in any setting, whether the party is visiting a child  
in a group setting, a privately supervised visit, a custodial party picking up a child  
from the Safe Exchange/Supervised Visitation Programs or a party participating in the exchange of children for visitation, has consumed or used drugs or alcohol prior to arriving at the Safe Exchange/Supervised Visitation Program location.  
  
Under no circumstances will a child be released to a custodial party if the use of drugs  
or alcohol is suspected. The party will be required to arrange for a third person  
to come to the Safe Exchange/Supervised Visitation Programs location to pick up the child and the party. The party will be responsible for having someone pick up the vehicle, or returning later to get the  
vehicle. If the party refuses to follow these requirements law enforcement will be called and the attorney's involved in the case notified.  
  
I understand that my refusal to submit to a drug or alcohol screening test or a positive test will lead to my immediate termination from the Total Security and Safety Inc. Safe Exchange/Supervised Visitation Programs and that the court will be notified of both the termination and the reason for termination.  
  
  
  
  
  
  
Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                                 CP/NCP             
  
  
Child(ren) Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**