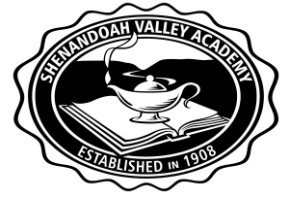


SHENANDOAH VALLEY ACADEMY

234 W. Lee Hwy., New Market, VA 22844

(540) 740-3161 • (540) 740-3336 (fax) • registrar@svasda.org • www.shenandoahvalleyacademy.org



MENTAL HEALTH CONTRACT

Because it is our desire to provide for the safety of your child, and because we need to work together with you to meet your child's needs, it is necessary for this contract to be completed. Feel free to contact the school office (540-740-3161) if you have any questions.

Please initial on the lines beside the following statements to indicate agreement.

If my child has a prescription for a psychotropic medication (antidepressant, anti-anxiety medication, stimulant, antipsychotic, and/or mood stabilizer):

I will maintain my child's needed supply of medication to the school. This will include working with the prescribing physician to ensure timely refills which I am responsible to provide onsite at SVA. _____

I understand that all medication is to be kept by the deans and that it is my child's personal responsibility to retrieve each dose and take it as scheduled. Noncompliance with the medication regimen could be considered a violation of school policy. _____

I will promptly communicate all medication orders and changes to current prescriptions to the dean or school nurse. _____

My child will not discontinue or vary from the prescription of any psychotropic medication without specific orders from the prescribing doctor on how to do so. _____

I understand that under certain circumstances, SVA administration may require my student to undergo a mental health or medical evaluation, and/or meet other conditions deemed necessary for the safety of my child. These requirements will be communicated with me both verbally and in writing. _____

I understand that under certain conditions school administration may require my student to receive counseling. _____

I agree to maintain open communication with the deans/nurse/administration regarding the status of my child's mental health. _____

Parent/Guardian Signature: _____ Date: _____