

CAMPER MENTAL, SOCIAL, AND EMOTIONAL HEALTH

Family Changes and Homesickness

If the camper has gone through any significant family changes, please describe them (for example, a death other than the donor hero they are honoring, divorce, adoption, abuse, etc.).

If you are concerned about the camper's ability to cope with homesickness, please explain why.

Does your camper have emotional outbursts? YES NO

If yes, what seems to trigger the outburst? _____

During an outburst, what is normally done at home to calm him/her down?

Mental, Emotional, and Social Health History (check boxes next to each one)

- Attention-deficit disorder (ADD or AD/HD)
- Depression
- Obsessive-compulsive disorder
- Panic or anxiety disorder
- Eating disorder
- Substance abuse
- Learning or processing challenges
- Self-harming or suicidal ideation
- Suspended or expelled from school
- Personality disorder
- Other mental, emotional or social health issue

**** We are asking for this information to help us better serve your camper while at camp.**

Please note that indicating these does not preclude your camper from attending camp. **

For each mental, emotional or social health concern indicated on the previous page, please provide details on the treatment, the effect (if any) the treatment will have on their experience at camp and how we can best serve your camper.

Yes No

Has the camper received professional treatment for this issue?

Is the camper currently taking prescription medication for this issue?

What are some management techniques that are used to manage this issue?

List behaviors that would indicate your camper's emotional state is fluctuating (i.e., your camper is becoming irritated, depressed, overwhelmed, etc.)

Camper Likes: Please list any activities, foods, noises/music, etc. that your camper likes, or that help your camper relax.

Camper Dislikes: Please list any activities, foods, noises/music, etc. that tend to agitate or upset your camper.

Camper Name: