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SAMPLE FORM TO USE FOR CAMP/BACKPACKING

Camper Mental, Emotional & Social Health Information

(Confidential – reviewed by Camp Director, Health Center, and appropriate leadership staff)

Camper Name: _____

Completed by: Parent Guardian

The goal of this section is to help us support your child’s safety, well-being, and success at camp. All information is kept confidential and shared only with staff who need to know.

1. Mental & Emotional Health History

Has your child **ever** been diagnosed with or treated for any of the following?

(Check all that apply)

- Anxiety
- Depression
- ADHD / ADD
- Autism Spectrum Disorder
- OCD
- Eating disorder
- Trauma / PTSD
- Mood disorder
- Behavioral or emotional regulation challenges
- Other (please specify): _____
- None of the above

If any box is checked, please explain:

(include diagnosis, age at diagnosis, current status, and anything camp staff should know)

2. Professional Support

In the **past 12 months**, has your child received professional support for mental, emotional, or behavioral health?

Yes No

If yes, please check all that apply:

- Therapist / counselor
- Psychologist
- Psychiatrist
- School-based support
- Other: _____

Please describe the nature of the support and whether it is ongoing:

3. Medications

Is your child currently taking **any medication for mental or emotional health**?

Yes No

If yes, please list:

- Medication name(s): _____
- Dosage & timing: _____
- How long has your child been on this medication? _____
- Any known side effects or concerns? _____
- Will your child continue with this medication during camp?

4. Significant Life Events

Has your child experienced any **significant life events** that may still affect them emotionally or behaviorally?

(Examples: death of a loved one, divorce, adoption, foster care, illness, bullying, trauma)

Yes No

If yes, please explain (include timing and current impact):

5. Social & Emotional Functioning at Camp

Please tell us how your child typically does in the following areas:

Being away from home:

- No difficulty Mild difficulty Moderate difficulty Significant difficulty

Making and maintaining friendships:

- No difficulty Mild difficulty Moderate difficulty Significant difficulty

Handling frustration, stress, or disappointment:

- No difficulty Mild difficulty Moderate difficulty Significant difficulty

Following group expectations and routines:

- No difficulty Mild difficulty Moderate difficulty Significant difficulty

Please explain any answers marked Moderate or Significant:

6. Triggers, Supports & Strategies

Are there **specific triggers** that may be challenging for your child at camp?
(e.g., loud noise, transitions, competition, peer conflict)

- Yes No

If yes, please explain:

What **strategies or supports** work well for your child when they are struggling?

7. Safety & Well-Being

Has your child ever expressed or exhibited:

- Thoughts of self-harm
- Self-injurious behavior
- Aggressive behavior toward others

Yes No

If yes, please explain fully and include **dates, supports in place, and current status:**

8. Parent/Guardian Insight (Strongly Encouraged)

Is there **anything else** you believe camp staff should know to help your child have a successful and positive experience at camp?

Parent/Guardian Acknowledgment

I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that withholding relevant mental or emotional health information may impact my child's ability to be safely supported at camp.

Signature: _____

Date: _____