MENTAL HEALTH FORM

The DCC Mental Health Form is intended to provide information regarding your child's mental health that will help us provide a worthwhile, engaging time at camp for your child. All information on this form will be kept in strict confidence and shared only with adults responsible for your child's well being at camp.

We thank you for helping us make DCC a great experience for children.

Family Changes and Separation Anxiety Has the camper or the family of the camper gone through any significant changes? (death, divorce, adoption, abuse) Y Ν If yes, please explain Are you concerned about your child's ability to cope with Separation Anxiety? Y Ν If yes, please explain what way you have assisted your child in coping. Mealtime: Fussy Eater? Please explain. Dietary Needs: (Example: Vegetarian, Vegan, Gluten or Casein Free) **Bedtime:** Does your child have difficulty falling asleep? If so, is something we can do to help make bedtime easier for your child? _____

Mental, Emotional, and Social Health History

Attention Deficit Disorder (ADD or ADHD)	Obsessive-Compulsive Disorder					
Depression Panic, Anxiety D		Disorder				
Eating Disorders	Substance Abuse					
Learning or Processing Challenge	Other Mental, Emotional or	Other Mental, Emotional or Social Issues				
For each mental, emotional, or social health issue indicated above, please provide details						
on the treatment and triggers of the condition and behavioral effect that may be exhibited						
(Attach IEP Treatment Plans)						
Disorder:		T 7	3.7			
Has the camper received treatment for this iss	•	Y Y	N N			
Is the camper currently taking prescription me	camper currently taking prescription medication for this issue?					
How will this issue impact the camper's interactions with others?						
Triggers & Treatment: Please explain in detail ho	w these challenges are handled.					
Disorder:	: :1 :10 :12	37	ът			
Has the camper received treatment for this iss	Y	N N				
s the camper currently taking prescription medication for this issue? Y						
How will this issue impact the camper's intera	actions with others?					
Triggers & Treatment: Please explain in detail ho	w these challenges are handled.					
Disorder:						
Has the camper received treatment for this iss	Y	N				
Is the camper currently taking prescription me	edication for this issue?	Y	N			
How will this issue impact the camper's intera	actions with others?					
Triggers & Treatment: Please explain in detail ho	w these challenges are handled.					