

MENTAL HEALTH QUESTIONNAIRE

This form is for students who have indicated on their Medical Form that they suffer from a mental health condition. The information will be retained in a safe, secure and confidential manner, and is collected for the purpose of providing appropriate modifications to SOW Camps in order to best support the student. Details of any relevant modifications will be provided to supervising staff to ensure appropriate care for the student. Camps vary in terms of the activities on offer, with most including residential components in either camping or dormitory style accommodation.

Student's Name: _____ Year Group: _____

SOW Camp: _____

To be completed by a Registered Health Professional:

What is the student's diagnosis and/or signs and symptoms for staff to monitor?

Are there any particular circumstances which may aggravate or exacerbate these symptoms?

Does the student take medication for their condition? If yes, please provide details of the medication and confirm compliance with medication. If no, please confirm that the student is sufficiently stable to participate in this camp, or provide details of appropriate modifications to ensure their health and safety.

Do you feel that this student is fit to participate in the camp? If yes, please indicate any anticipated difficulties that may be experienced and the appropriate management or treatment plan (where applicable).

Signature of Registered Health Professional: _____

Name: _____ Date: _____

Phone Number: _____ Provider Number: _____