

Camp Hinds

Mental, Emotional, Social Health Plan

Scout Name: _____ Date of Birth _____

Troop/Post/Crew _____

Will a parent/guardian be attending the event with the youth? Yes No
If not, is the adult unit leadership for the youth aware of the issue? Yes No

Do the leaders know what to do for the Scout
in the event of a mental health crisis? Yes No

Have there been any changes, including medication,
since the AHMR was completed? Yes No

If so, please list: _____

Has this person had a mental health crisis in the past? Yes No

What occurred? _____

What helped? _____

Did anything seem to make it worse? _____

What steps are helpful when this person starts having problems? _____

Who should be contacted if there is a mental health crisis at a Camp/Scouting event?

Name: _____ Relationship: _____ Phone: _____

Who is knowledgeable about your child's mental health management?

Name of Person Completing Form: _____ Relationship: _____

Date: _____

Checked by Camp Health Officer: _____ Date: _____ Initials: _____