



Camper First Name, Camper Last Name:

<b>Instructions</b>
To Mental Health Professional:  Thank you for assisting us in the process of supporting youth in their summer journeys to Seeds of Peace Camp! Your patient has indicated that they are receiving mental health supports from you. We are asking for your input on how to best support your client in thriving in our Camp environment and to verify that the Camp environment is a good fit for your client at this time.  All Seeds of Peace programs are rooted in dialogue, community, leadership, and action-taking. This summer, youth of different racial, religious, gender, and political identities will gather to live with and learn from one another in an outdoors residential Camp environment at the Seeds of Peace Camp in Maine.  This document includes the mental health provider portion of the camper application.  Please complete and return the form to <a href="mailto:camp@seedsofpeace.org">camp@seedsofpeace.org</a> as soon as possible.  Thank you for your support,  -Seeds of Peace Camp team  <a href="mailto:camp@seedsofpeace.org">camp@seedsofpeace.org</a>

<b>Camper Information</b>
Camper First Name, Last Name
Camper Gender (circle one): Male / Female / Other (Please Describe: _____)
Diagnosis:



How often have you seen this patient (in-person/virtual) over the past 12 months?

\_\_\_\_\_

Is your patient current taking prescription medication for this issue? Yes No

**Activities**

The program and activities include: participating in sports, arts, and swimming activities in an outdoor environment; sleeping in a rustic shared cabin with other youth and adult staff; utilizing shared bathroom and shower houses; participating in dialogue conversations about our identities, lived experiences, beliefs, and responsibilities with youth of different backgrounds; having limited access to phones and technology (no use of personal phone, options to call loved ones at pre-schedule times 3 times throughout the session); walking between activities in an outdoor setting; eating meals in shared cafeteria and/or outdoors under tent; maintaining COVID-19 protocols including testing and wearing a mask in certain situations. wearing a mask during most activities outside of the camper’s bunk.

- I have reviewed the program activities above and my patient can safely participate in all programs and activities
- I have reviewed the program activities above and my patient can safely participate in all programs and activities with the following restrictions (please describe management plan below)
- I have reviewed the program activities above and my patient cannot safely participate in the Camp

Management Plan. If your patient can safely participate in programs and activities, please describe the patient’s treatment/management regimen while at Camp.

**Known Triggers and Decompensating Indicators**

List situations that might be triggering for your patient, and behaviors that would indicate decompensating.

Additional Notes. Please add any additional information regarding your patient’s well being and regulation of behavior:

Virtual Therapy while at Camp. We strongly encourage campers who are seeing therapists to continue virtual therapy while at Camp, and our camper support specialist will reach out to coordinate with you at the email below. The Camp dates are June 26 – July 9 (clients from the state of Maine) or July 26 – August 3 (clients from across the US).

Please respond:

- My client will continue virtual therapy while at Camp.
- My client will not continue virtual therapy while at Camp.



**SEEDS OF PEACE CAMP**

**Camper Health History Form C – Mental Health Professional**

Name of Mental Health Professional: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_