Appendix A

<u>Scouts At-Risk of Mental Health Concerns</u> ***Please Share this with your Unit Leader****

Scout's Name: _____ DOB: _____
Parent/Guardian's Name:_____ Phone:_____
Unit Number: _____ Week Attending Camp: _____

1. Is the youth prescribed medications for mental health issues? YES NO
2. Has the prescribed medications been changed within the past 30 days? YES NO
   If yes, please explain:
   _____
   _____
   _____
3. 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
4. Do the leaders know what to do in the event of a mental health crisis? YES NO
   If not, please take the time to go over this information in case a mental health crisis occurs.
5. Have there been any changes, including medication, since the AHMR was completed?
   YES NO
6. Has this person had a mental health crisis? YES NO
   If yes,
   What occurred?
   _____
   What helped?
   _____
   Did anything seem to make it worse?
   _____
   What steps are helpful when this person starts having problems?
   _____
7. Who should be contacted if there is a mental health crisis at a camp/Scouting event? (Correct Information should be listed on the AHMR)
   _____
8. Who is knowledgeable about your child's mental health management?
   _____