



Mental Health Evaluation

Patient: _____,
(Last) (First)

Address: _____

City/State/Zip _____

As part of this child's application to camp, we would appreciate a written statement from you concerning the following:

- a) Any condition you are treating, with a brief summary of any treatment plan, including any medications
- b) Any behavior that this child may engage in at camp that may require special accommodation by camp staff and a description such accommodations
- c) Any behavior that this child may engage in at camp that may require intervention by a mental health care professional
- d) A recommendation for participation in our camp program

If medication has been prescribed as part of a treatment plan, please also provide:

- e) Certification that the applicant has been taking the same medication at the same dose for three months prior to camp attendance
- f) If (d) is not true, a detailed explanation for the change in medication

Please sign and date your statement send to:

**BCAP Registrar
789 Washington Ave
Brooklyn, NY 11238**

Fax: 718-638-7740

Email: camp@heartofbrooklyn.org

THANK YOU!