

Mental Health Addendum

On your medical form, you noted past or present mental health issues. We ask a series of questions of any student who has a history of mental health issues because we can accommodate many issues when we have the proper information. Your responses may be shared with BFS faculty and staff, as well as contractors or organizational partners *on a need-to-know basis*. We hope to balance the priorities of protecting student privacy, allowing for growth and redefinition at BFS, and providing effective support for all learners.

Student Name: _____ Date of Birth: _____

Does the student have: Depression Anxiety Addiction Suicide attempt or ideation
 Cutting or other self-harm Other (explain): _____

When did symptoms first occur: _____

What were/are the symptoms and/or behaviors: _____

Under current treatment, how does the student's mental health issue manifest itself? _____

What triggers are known for the student's mental health issue? _____

What interventions are helpful in dealing with this issue? _____

Does the mental health issue interfere with school and/or social interactions? Yes No

If so, how? _____

During the last two years, has the student taken any medications for mental health issues?

Yes No



Is the student currently taking any medications for mental health issues?

Yes No If yes, please complete the **Medication Addendum**

Has the student ever had suicidal ideations or attempted suicide? Yes No If, YES, when?

Has the student ever been hospitalized for psychiatric illness? Yes No

If yes, please explain when, for how long, and why. Be specific. _____

Has the student ever been enrolled in a residential, wilderness or other full-time therapeutic program? If yes, please explain when, for how long, and why. Be specific. _____

Additional information: _____

Has the student seen a counselor or therapist in the last two years? Yes No

Does the student currently have a counselor, therapist, physician or other professional coordinating treatment? Yes No

If yes to either of the previous two questions, do you grant BFS permission to contact this person to consult with the school with regards to the student's diagnosis and treatment?

Yes No If yes, please provide contact information and sign below:

Name of provider: _____ Profession: _____

Phone: _____ Email: _____

By signing below, I authorize the health care provider listed above to disclose and release, via electronic or hard copy record, any and all protected health information for my child, _____ (name), to Bozeman Field School (BFS) while the child is enrolled at BFS.

Parent Signature: _____ Date: _____

Parent Name (printed): _____

Please duplicate and/or attach additional sheets as needed. # sheets attached: _____

Parent/guardian: please initial when this addendum is complete: _____

