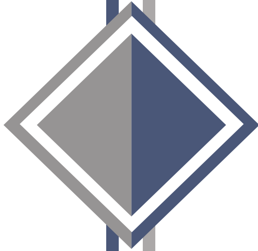

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Research Report to Participating Camps

Health Histories:
What Are Camps (Not) Asking?

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Health Histories: What Are Camps (Not) Asking?

"We don't ask about that on the health form?!?"
"The camper just arrived; how come we didn't know about this?"
"Why aren't parents telling us?"
"How do we ask that in a parent-friendly way?"

These and other questions are familiar to most readers. The camp health form, a stalwart bastian of information, has been used for many years. Yet camp literature contains limited references about designing these forms, the content they should contain, or how one might use the form to describe the scope of the camp's health services so parents can effectively partner with us. This study was undertaken to begin addressing these needs.

Framing the Questions

What is a camp health history form? How is it different from a physician's examination? What information is common to all camp health history forms? What makes a health history form effective? Why do camps need it and how is it used? These are just a few of the questions inherent in this topic. As a starting point, this descriptive study was undertaken (a) to discover what information was on camp health history forms and (b) to explore ways in which that information might be asked more effectively. The goal was to describe the elements common to all health histories in the sample group so camp professionals who create their own forms would have a baseline from which to operate. In addition, it was surmised that a review of forms would illustrate risk reduction strategies that could be articulated for the camp health professional's use.

Where Did the Reviewed Forms Come From?

In addition to the American Camping Association's Health History form, sample copies of health history forms created by individual camps were sought. Verbal invitations to submit a form for review were made at sessions presented by the researcher during the American Camping Association's (ACA) 2003 national conference, the 2003 MidStates Camping Conference, and the 2003 Camp Nurse Symposium. An emailed request was posted on the ACA Camp Director listserv and written requests were printed in ACN's *CompassPoint.*

Response from camps resulted in 40 usable health history forms (N = 40), one of which was ACA's classic health history form. The majority of forms (24 or 60%) were from resident camps; seven samples (17.5%) came from camps with both resident and day camp populations; 5% (2) were from camps that primarily served special populations; and one form (2.5%) came from a day camp. It was not possible to determine what kind of camp the six remaining forms (15%) were from because (a) the camp did not have an address on the form for contact purposes and/or (b) the camp's name was not listed on ACA's camp database (accessed 15 January 2004 at www.ACAcamps.org). Note that the generic ACA form was part of this nonspecific group. This 15% remained part of the sample because the form could still be reviewed for content.

Information from Literature

Eells' classic *History of Organized Camping* (American Camping Association, 1986) makes oblique references to the health form when describing Rothrock's camp for "weakly boys" (pg. 9) and in reference to camps for special populations (pg. 53+). Her history consistently refers to healthful living as a hallmark of camping and describes camping's participation in events such as the 1930 Hoover White House Conference on Child Health and Protection. Global comments about health permeate the book but specifics about the concept of "health forms" are lacking.

Mitchell, Crawford and Robberson's text, *Camp Counseling* (1970) was first copyrighted in 1950. In discussing the history of camping, the authors' addressed "Healthful Practices" (pg. 39) and specifically mentioned "One innovation has been the requiring of a complete health examination for every camper and staff member (1) to prevent the importing and spreading of contagious diseases and (2) to learn of individual weaknesses which need to be corrected or at least protected by a modified program." No mention of specific content was made.

This changed with Balls' publication of *Basic Camp Management*. Regretfully, this writer did not have copies of the first two editions of the book (1978, 1987), but the third edition (1990) specifies "Health history – allergies, operations, previous illnesses, inoculations" (pg 72) and contains a copy of ACA's Health History Form for

Children, Youth and Adults Attending Camp (pg 153-4). The revised 1995 edition described the Health History Form as "Health history with names, phone numbers, and addresses of persons to be contacted in case of a medical emergency" (pg 164) and again provided a copy of the ACA form; this form, however, was much more expansive then the descriptor used by the Balls. Their 2000 edition expanded the concept of camp health services, amended the 1990 descriptor of Health History to include disabilities (pg 50), reiterated the 1995 descriptor of the form (pg 196), and again provided a copy of the ACA Health History Form (pg 199-200). It will be interesting to read how the newest edition of this classic – with an expected publication date of March 2004 (personal communication) – treats the concept of health histories.

The previous three citations came from general camping literature rather than information designed for the camp nurse. Turning to that perspective – the camp nurse's – this literature also includes mention of the camp health history form. One of the earliest references is Auld and Ehlke's *Guide to Camp Nursing*. Both the 1974 and 1978 editions discuss health records but only from the perspective of maintaining a record of care given while at camp. The authors do not mention the concept of health history nor the need for a camp nurse to review information other than that collected through screening on Opening Day.

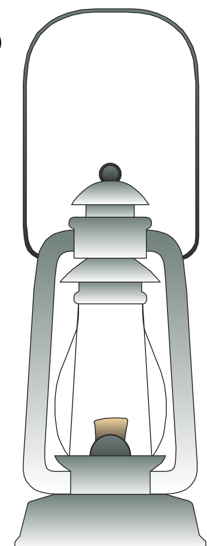
This changed with Hamessley's publication of the *Handbook for Camp Nurses and Other Camp Health Workers*. Both the 1977 and 1987 editions mentioned the health history form but did not discuss it's development nor the way the camp nurse interfaced with that document. It was in Hamessley's 1977 edition that a copy of ACA's "Health Examination Form for Girls" appeared (pg 51) and, on it, the words "Health History." The same form appeared in the book's 1987 edition. This history section asked about illness background, menstruation, operations or serious injuries, and serious ivy, oak or sumac poisoning.

Canadian author Casey published *The Nurse and the Health Program at Camp* in 1978. Her book included a copy of the Canadian Health Certificate (pg 108), a form that did not use the term "health history" but captured information about previous illnesses, special conditions, and a parent authorization for the camp to provide care. Casey's 1997 book, *Camp Health Care*, literally showed the words "Health History" on a health form in an appendix. This history section captured information about allergies, earplugs, eye sight, dental prosthesis, menstruation, immunizations, communicable disease history, other health issues, recent health challenges, activity tolerance, and treatments and/or medications to be given at camp. While this expanded the concept of a health history, Casey did not discuss how the information interfaced with camp or the camp nurse's job; the content was simply in the appendices of the book.

Lisher and Bruya's 1994 publication of *Creating a Healthy Camp Community* expanded information about the camp health history form. First, appendix E listed the basic information needed on that form according to 1993 ACA guidelines:

- A description of health conditions requiring medication, treatment, or special restrictions/considerations while at camp
- A record of past medical treatment (for serious or chronic problems)
- A record of immunizations
- A record of allergies
- Signature of individual or of parents/guardians of minors. (pg 221)

Within the body of the book, the authors described (a) how the camp nurse found this information for campers and staff, (b) what the nurse should do with the information, and (c) how to collect information from specialized staff such as food service personnel. The book also included a copy of the ACA form (pg 210). By this point, the ACA history included demographic information, emergency contacts, dates of disease processes, allergies, operations, chronic conditions, diet restrictions, current medications, menstrual history, the name of both physician and dentist, insurance information, and parental authorization statement/signature.



The ACA health history form again appeared in Erceg and Pravda's 2001 publication, *The Basics of Camp Nursing.* By this time, the ACA health form had expanded from two to four pages; the history component was the first three pages. Content cited by Lishner and Bruya (1994) was retained but also expanded. For example, not only were parents asked about their camper's allergies but also asked to describe the reaction and treatment needed. Medications were not only listed but dose and reason for taking the med were also asked. A more expansive set of general history questions was provided and space expanded for parents to write about challenges not included on the form's set of questions. Erceg and Pravda discussed how the nurse used health

history information and introduced the concept of pre-screening both camper and staff health forms prior to screening the individual person on Opening Day.

The world of outdoor education includes a fairly new publication, *The Law Quarterly*. Two lawyers active in this community, Reb Gregg and Catherine Hansen-Stamp, addressed some of the issues surrounding health history forms in their article, "Medical Screening in Adventure Programming: How Far Do You Go?" (2002). Grounding their discussion on the concept of information exchange between program and client, these authors encouraged programs to (a) develop a health screening tool based on the scope of risk inherent to the program, (b) provide clients with information adequate enough to make a determination regarding personal fit to the program, and (c) encouraged developing forms that linked client information with program demands. Sensitivity to the challenges of varying ability levels (i.e., ADA compliance) was also handled.

In summary, no camp literature was found that discussed how one developed a health history form nor how personnel, in particular the camp nurse, might contribute to developing a better form. The only form cited in literature was the one developed by ACA with assistance from the American Academy of Pediatrics (AAP). This writer was anecdotally aware of camps that had developed their own forms in an effort to (a) capture information more germane to their camp's program and/or (b) gather information that was not asked for on the ACA form (e.g, mental health history). As a result, a request to have a copy for this project was put forward.

Reviewing Health History Forms

Upon arrival, each form was assigned a number to provide a discrete yet unique identifier, and forms were read to glean a general understanding of content. Based on that overview, 12 content categories were defined and each form simply assessed for the presence of each category. The number of forms that included each content category are listed on Table 1.

To assess quality of information, each content category was further defined (i.e., not only was that category present but did it also meet baseline criteria). Since descriptions of what should be in a given area were not found in existing literature, the researcher developed her own operational definitions in an attempt to assess quality of information collected. These operational definitions – described in Table 2 – were used to then ascertain if each form's content categories (a) met baseline criteria, (b) went beyond expectations, (c) contained the category but did not meet baseline criteria, or (d) did not address the category.

Table 1.

Content Categories & Frequency of Presence on Forms (N = 40)

Content Category	Count
Personal Information	40
General Health History	40
Readable Format	40
Emergency Contact Information	39
Parental Signature (authorization)	38
Medications Brought to Camp	38
Diet Information	38
Immunization Record	37
Personal MD/DDS Information	32
Health Insurance Information	32
Mental/Emotional Health Information	31
Screening Note	9

Table 2.

Evaluative Categories and Criteria for Assessing Each Category

Category	Baseline Criteria Score: 2	Baseline plus More Score: 3	Below Baseline Score: 1	Did Not Address Score: 0
1. Personal Information	Asked for name, birth date, gender, home address, phone; parent/guardian name, address, phone(s).	Ex: Designated preferred phone number(s); specified custodial parent/guardian	Did not meet baseline criteria; was missing at least one baseline criteria.	Did not include this category at all.
2. Contact Information	Asked for at least one parent and at least one other person to contact in an emergency; got name, phone number, address, relationship to camper.	Ex: Expanded contact to include asking non-emergency questions about camper's health; asked for preferred phones (plural options); directed parent to inform contacts about their role.		

3. Insurance Information	Asked for health insurance company, policy number, photocopy of insurance card (back & front).	Ex. Directed parents to call insurance company before camp to verify coverage (addressed portability); defined who was responsible for preauthorization; explained how to pay for Rx.		
4. General health history	Asked about past surgeries, chronic illnesses, mobility limitations, allergies, ENT problems, musculo-skeletal problems, neurological history, GI history, menstruation.	Ex. Not only asked about these things but asked for explanation if affirmative; asked about sleep problems; asked about responses to exercise; mono in past year.		
5. Immunization record	Covered immunizations per information from AAP.	Ex. Included such as variclla, hemophilus, and those associated with traveling.		
6. Diet history	Asked about food allergies; asked about eating vegetarian.	Ex. Specified kind of vegetarian; distinguished between intolerance and anaphylaxis; asked about management if exposure occurred; checked lactose tolerance; made statement about kitchen's ability to respond to diet needs; couched this as nutrition rather than diet history.		
7. Medications used while at camp	Provided space to list at least two routine medications (including OTCs), their dose, time taken, and reason for taking; instructed parent to attach information if provided space was insufficient.	Ex. Listed OTCs stocked in camp health center and asked for action; specified "same med, same dose, previous three months"; asked parent to list meds taken during school year.		
8. Physician, dentist	Names and phone numbers.	Ex. Directed parent to interface with MD/DDS about things as Rx dosing appropriate to camp schedule and ortho check before camp.		
9. Mental & social health	Asked about psychiatric diagnoses.	Ex. Specified diagnoses of concern (e.g., eating disorders, depression, suicide history, OCD), asked for care plan while at camp; asked for professional letter indicating camper good risk for camp; assessed community living skills.		
10. Parental authorization	Included routine & emergency care authorization, ascertained "correctness," permission to photocopy form for trips, defined who is told info on health history (e.g., "need to know" statement).	Ex. Authorized camp to obtain copies of health info when camper treated by out-of-camp provider; expanded photocopy options beyond trip needs; defined who had access to health information.		
11. Screening note	Included date screened and by whom.	Ex. Listed elements screened and results of screening + action taken.		
12. Formatting elements	• Name & address of camp at top. • Enough space to write in. • Font large enough to read.	Ex. Name of camper on each page of form; avoids words that are poorly defined (e.g. recent, ever had, frequent); provides name & phone of camp contact person.		

Each form was reread and scored using the criteria from Table 2. While individual scores may be of interest to specific camps, the score form (Table 3.) was globally reviewed in an attempt to identify striking information. Written comments that captured notable information were also generated. These anecdotal observations included comment about such as things as embedded non-health information on the form (e.g. photo releases), marked unique ways to elicit information, and/or identified less than satisfactory practices (e.g. asking about allergies without also determining the response when exposed to that allergen).

Table 3.

Scores from Assessing Content Criteria of Each Category on Each Health History Form

Form Code	Personal Information	Contact Information	Insurance Information	General Health Hx	Shots Record	Diet History	Meds at Camp	MD & DDS	Mental, Emotion	Parent Permission	Screen Note	Format	Average Score
201	2	2	3	2	2	0	1	1	1	2	0	3	1.58
202	2	2	2	2	2	1	2	2	2	2	2	2	1.92
403	2	2	0	2	2	1	1	2	0	2	0	1	1.25
204	2	1	2	2	2	1	2	1	1	2	0	2	1.50
?05	1	1	2	2	0	1	1	1	1	2	0	1	1.08
?06	1	1	2	1	2	2	3	2	1	1	0	2	1.50
?07	1	1	1	1	2	1	1	0	1	1	0	1	0.92
408	2	1	0	2	2	1	0	2	1	1	0	1	1.08
309	2	2	2	3	2	2	2	2	1	2	0	2	1.83
?10	2	1	2	1	2	1	1	2	0	1	0	1	1.17
211	2	2	3	2	2	3	3	2	3	2	2	2	2.33
212	2	2	2	2	2	1	2	2	1	2	0	2	1.67
113	3	2	3	2	2	1	2	1	1	2	0	1	1.67
314	1	1	1	1	1	1	1	2	0	0	0	1	0.83
?15	2	1	2	2	2	1	2	0	0	1	0	2	1.25
216	1	0	0	1	2	1	2	0	0	0	0	2	0.75
217	2	1	0	1	0	1	1	0	0	1	0	1	0.67
418	2	2	0	2	1	1	3	2	1	1	0	2	1.42
419	2	2	2	2	2	1	2	2	1	2	0	2	1.67
420	2	2	2	2	2	1	2	1	1	2	0	2	1.58
221	2	1	1	1	2	1	2	1	1	2	1	2	1.42
222	2	2	2	2	3	1	2	2	1	2	3	2	2.00
223	1	1	0	2	1	1	0	0	1	1	0	1	0.75
224	1	2	0	2	2	1	2	2	1	1	0	1	1.25
225	2	2	2	2	2	1	2	2	1	2	0	2	1.67
226	2	2	2	2	2	1	3	2	1	2	0	2	1.75
227	2	2	2	2	2	1	2	2	1	2	2	2	1.83
228	1	2	2	2	2	1	2	2	0	1	0	1	1.33
229	2	2	0	1	2	1	1	0	1	2	0	2	1.17
230	2	2	2	1	2	1	2	1	1	2	0	2	1.50
431	2	2	2	1	2	1	1	0	1	1	0	2	1.25
232	2	2	2	2	3	2	2	2	1	2	3	2	2.08
233	1	1	2	1	0	0	2	0	0	1	0	2	0.83
234	2	2	2	1	1	1	1	2	0	2	0	1	1.25
235	2	2	1	2	2	2	2	2	3	2	0	2	1.83
236	2	2	2	3	2	3	3	3	2	3	3	2	2.50
237	3	2	2	3	2	3	2	3	3	3	0	2	2.33
438	3	2	2	1	1	2	3	2	1	2	2	2	1.92
239	2	2	2	2	3	2	3	2	1	2	3	2	2.17
?40	2	2	1	1	2	1	1	0	0	2	0	2	1.17
Category Ave	1.85	1.65	1.55	1.725	1.8	1.25	1.8	1.425	0.95	1.65	0.53	1.725	1.49

What Was Learned?

Assuming that the identified 12 categories adequately captured the scope of information needed by camp health services, only three – personal information, general health history and a readable format – were part of all the health forms. Some reviewed elements, considered critical to a health form by ACA Standards (e.g. parental authorization, medication record), did not appear on all health records. Those categories least represented – information about mental/emotional health and the screening note – probably represent opportunities for revision and risk reduction. Content in the general health history category was very broad; that broadness made it difficult to determine an appropriate scope. In general, the attempt to assess the quality of information using baseline criteria resulted in these observations:

- No single category attained an average rating of 2.0; scores ranged from a high of 1.85 (personal information) to a low of 0.53 (screening note). This may indicate little consensus among those who create camp health forms as to what content should be reflected in each category. A potential explanation may be that camps developing their own forms simply reflect the needs of their particular camp operation. As a result, variation in content would be an expected finding.
- Of the convenience sample, only five individual forms (12.5%) averaged 2.0 (met baseline criteria) or better. These forms were uniquely rich in the data they collected and tended to provide the person completing the form with parameters (e.g, “headaches less than once a week” rather than “suffers from frequent headaches”).
- Of the five forms with an average score of 2.0 or more, only three met baseline criteria in all categories.
- Of the convenience sample, six forms had an average score below 1.0 (below the baseline criteria). These forms tended to incompletely collect data (e.g., asked what caused an allergic response but did not determine if the response was an intolerance or anaphylaxis) and/or simply didn’t ask about some things.
- Overall, the forms scored highest in recording personal information (1.85), gathering immunization records (1.80) and collecting information about medications used at camp (1.80). These were areas of anticipated high compliance; however, having an average score below 2 (baseline criteria) indicates that even these areas were inconsistently addressed.
- The three lowest average scores were in these categories: screening note (0.525), mental-emotional health assessment (0.95), and diet information (1.25). Both the screening note and information about an individual’s mental/emotional health are fairly new developments on the camp health history. Information about diet scored low because few forms addressed both allergies and diet choice related to life-style (e.g., vegetarian diet).

At this point and in summary of discussion so far, two general observations were made: (a) there was no consensus as to what information should be on a camp health history form and, for a variety of reasons, (b) there was wide variation in the quality of that information.

What About the Observations?

While number crunching has driven discussion so far, written notes about these forms provided rich information. Those comments follow. Note that some of these items – while nice to have on the section of the health history it pertains to – might also be provided via cover letter. The overarching recommendation is to keep guidelines about health information grouped with the form itself rather than buried among other camp information.

About Form Development

- Provide the camp name, address and phone number at the top of the form. Invite parents to call that number should they have questions as they complete the form.
- Put a “due date” on the form that gives camp administration enough time to prescreen forms and respond to unforeseen elements. This is especially important when working with varying abilities or when camp may be far from the support services typically found in an urban setting. One health history form directed parents to call their “inclusion counselor” when these questions

arose.

- Remember to ask about gender/sex – even in a camp specifically for same-sex individuals!
- Remind parents to keep a copy of the form and use that copy to note changes in their camper's health status between now and the time the child arrives at camp. Tell parents exactly to whom and how (e.g. written message) they are to communicate health history updates to the camp.
- Tell parents (a) who sees the health history and (b) the credential of the camp's healthcare provider.
- Provide adequate space for a person to write information and/or invite them to add extra pages as needed.
- Use a font size that is large enough for comfortable reading – especially for the authorization statement! (This was often in much smaller print than the rest of the health history form.)
- Consider how the design of the form invites completion as opposed to aggravates the person completing it. Maybe your form would be better in landscape than portrait orientation?
- Number each page (e.g., 2 of 4) and provide a place for the camper's name at the top of each page. This is especially important if parents fax health histories to the camp office or if your form has multiple loose pages.
- Remember to shape the form's questions so they match the scope of skill represented by the camp's healthcare provider. How a general first aider uses health information is different from the way a physician and/or registered nurse uses it.
- Avoid using nonspecific terms (e.g., frequently, usually, recent); replace these with specific parameters (e.g. more than once a week, during the past school year, since September, in the last four months).
- Do not embed other items – such as the camp's photo release statement – in the health authorization statement.

<u>About Contact Information</u>

- Specify custodial parent/guardian to clearly indicate who has authority regarding health issues for the child.
- Consider having parents list "additional contact people" rather than only "emergency contacts;" expand the use of these people to times when camp may need to consult someone about the camper's health rather than limiting use only to emergency situations.
- Consider using "preferred phone number" and/or inserting a check box (❐) to indicate cell, home or work numbers.

<u>About General Health Information</u>

- When asking about allergies, also ask about the reaction and treatment following an exposure. If anaphylaxis is a risk, ascertain if the individual not only brings epinephrine but also knows when and how to use the device.
- When asking about chronic conditions – asthma, diabetes, migraines, etc – ask for a description of the camper's management plan while at camp. Provide the name and phone number of a camp person who can respond to questions from parents attempting to prepare their camper for managing the condition at camp.
- Consider the unique risks that participants in your camp program(s) may experience. Perhaps your program is at an altitude that affects medications and/or those with breathing challenges. Maybe an aspect of your program – like SCUBA – places unusual stressors on participants. Perhaps your weather is extremely warm and humid and, thus, affects water-soluable medications Describe these. Have the parent consult both their own physician and someone from your camp so the camper is appropriately prepared upon arrival.

- One camp created a portion of the health history form that would be placed in the hands of the counselor. This was an interesting way of handling information about routine, daily health habits and/or quirks about an individual (e.g., sleepwalking, snoring).
- Only one form asked about body piercings and none asked about tattoos. Given the rise in body art practices and the profile of your camp's clientele, consider adding this.
- This past summer's concern about SARS and the camp community's interest in travel indicates an often overlooked risk exposure related to communicable diseases. No health history form addressed this concern. Consider adding a question that asks about travel out of the U.S. during the past year and captures dates of that travel (Figure 1).

Figure 1.
Expanding Health History Elements

Consider adding elements such as these to your health history form, especially if your camp clientele – campers and/or staff – participate in these practices.

Do you have any piercings? . . . . ☐ Yes ☐ No
If yes, where? ☐ Ears ☐ Eyebrow
☐ Nose ☐ Belly Button
☐ Nipple ☐ Tongue
☐ Other: ____________________

Do you have tattoos or other body art? . . . . ☐ Yes ☐ No
If yes, where?
____

Have you been in countries other than the U.S.
in the past year? . . . . ☐ Yes ☐ No
If yes, list the countries and your length of stay in them.
Country: ________________ Dates: __________
Country: ________________ Dates: __________
Country: ________________ Dates: __________

About Medication Information

- In addition to asking for name of medication, dose, time and reason for taking the medication, consider asking when the medication was started and when the dose was last changed.
- Ask parents to list the medications used during the child's school experience even if those meds will not be used at camp. Suggest that those medications be brought to camp "just in case."
- Remind parents that the camp day extends beyond the typical school day. Ask them to consult the prescribing physician to determine if the child's dosing schedule is appropriate to the camp's schedule (consider making a typical day's schedule available).
- Consider listing the usual times when medications are given at camp.
- A few camps had a stand-alone form specific to medications. These typically required a physician's signature for both prescription and OTC medications.
- Define what constitutes a "medication" at camp. Herbal, homeopathic, and other remedies are increasing as the world develops a global perspective. Some do not consider these medication yet the remedies impact health status.
- If providing a list of OTCs stocked by camp to parents, increase clarity by using generic names with trade names in parenthesis (e.g. acetaminophen [Tylenol]).
- A camp that has international campers and staff requested that all medication label information was translated to English before coming to camp.
- Anecdotal comments from camp directors and camp nurses indicate a rise in medications used to treat mental health challenges. Many of these medications must be taken for a period of time before a therapeutic blood level is attained. As a result, some camps now use a statement such as this in the section that pertains to medication: *It is our assumption that individuals taking medication for mental health reasons have been on the same medication at the same dose for the three months prior to their camp arrival. If this is NOT the case for your camper, please call and talk with (name of person with phone number).* Such a statement indicates the camp's desire that therapeutic benefit has been attained for the individual and also provides a point of contact when question arises.

Assessing Nutrition Needs

- Rather than using the word "diet," consider using the term "nutrition." The connotations associated with these two terms vary. Discussing food framed from a nutrition perspective helps clarify concerns and may be a better compliment to the camp's philosophy surrounding food.
- Some nutritional needs are driven by physical and/or medical need. Lactose intolerance, food allergies,

and a meal plan to support diabetes management are example of this. Other nutrition needs are a matter of personal preference; choosing to eat vegetarian often falls into this category. Place greatest emphasis on understanding those diet needs based on physical/medical need. Also consider how faith-based food preferences affect health and the information needed by camp.

- A couple forms made a distinction between “in camp” and “on the trail” nutrition practices because location and/or setting made a difference.

About Mental, Emotional & Social Health

- Include this topic! Most camps approach health in a holistic manner; people have brains/minds that need assessment just like – if not more so – the rest of their body.
- Ask about specific fears and/or phobias.
- A couple forms assessed the camper’s ability to function in a community setting. This ranged from “does the camper make noise when falling asleep at night” to asking about ability to live in common with a group. The social dimension of camp wellness is often neglected on health forms. Think about the impact of community living using the context of your camp; appropriately inform campers (and staff) about this.
- Assess the camper’s skill at being away from home, especially with regard to the potential for missing home to the extent that it may impact camp life. This often reveals more about the parent than the child!

Regarding Authorization Statements

- Describe who has access to health information so parents are informed about the scope of confidentiality practiced by the camp.
- Ask the parent to authorize the camp so it can secure copies of the child’s health record when/if the child is seen by an out-of-camp provider (e.g, MD at the local clinic, DDS).
- Consider expanding the authorization statement to include language about unforeseen circumstances; keep wording broad so it covers this.
- Extract non-health releases from the health authorization (photo release statement, permission for horseback riding, etc).

Add a Screening Note

Most (75%) of the health history forms had no place to record the camp’s screening process. Admittedly, this may well be documented someplace other than on the form; if so, at least screening notes are captured. The importance of this was best illustrated during a mock trial presented by ACA several years ago. The camp nurse testified that yes, screening was done and the information in question had not been disclosed. The parent testified that yes, screening occurred and the information in question was disclosed. A “she said, she said” dilemma was left to jury decision. When asked what the camp could have done to be more protected, the attorneys specifically talked about documenting the camp’s screening process.

Capturing the results of a screening, if done appropriately, place a camp in a proactive and more defensible position. Since health screening occurs upon arrival at camp, it provides opportunity to document each individual’s health status upon arrival. Areas typically documented are:

A.. Verification of health history information with emphasis on updates (added notes are dated and initialed).
B. Listing medications brought to camp and their dispensing information.
C. Assessing the individual’s exposure to communicable disease, including a head lice check.
D. Documenting the individual’s health status at the time of arrival.

A simple check list with date, time and a place for the screener to sign may suffice (Figure 2). Another option may be "charting by exception" wherein the camp's written screening protocol is assumed unless noted otherwise. One form expanded their screening note when the camper was registered for a program with a greater risk profile (e.g., extensive tripping).

Some camps gather greater detail about physical findings during the screening process. For example, weighing each camper would be important if medication doses were based on weight. The point is to develop a screening note that succinctly yet completely captures the scope of the camp's intake process and establishes a health status baseline for the individual. People with chronic health concerns such as asthma or diabetes may have additional screening elements (e.g., baseline peak flow at arrival, BS check, etc).

Figure 2.

Sample Screening Note

This information is printed on each individual's health history form.

Date

__________ Screened according to (name of camp) protocol and significant findings noted.

a. Signs/symptoms of illness or injury upon arrival? . . . . ☐ No ☐ Yes as noted below
b. History of exposure to communicable disease? . . . . ☐ No ☐ Yes as noted below
c. Additions or corrections to health history information? . . . . . . ☐ No ☐ Yes as noted below
d. Medications given to healthcare provider? . . . . ☐ No ☐ Yes as noted below
e. Any signs/symptoms of head lice? . . . . ☐ No ☐ Yes as noted below

Notes: ____

____

____

Screened by: ____________________

A Word of Caution

This research covered a lot of material and probably triggered thought from the reader. However, this information is definitely not the last word on the topic; it is merely a first word and the view of one person (no inter-rater reliability). The sample from which comments were drawn was 40 individually developed health forms from camps willing to provide a form for review (a convenience sample). In addition, what may have been assessed as a drawback to a given form may, in fact, not be the case whatsoever; information may have been collected in a place other than the camp's health history form. In other words, there is margin for error in this descriptive study. The work simply begins the process of assessing what we ask for, why we ask for it, and how to best do that.

As a result, there's opportunity for continued research on this topic. We know that the purpose of a health history is to provide care takers with adequate background about the individual under their care. The scope of information collected is determined by a variety of factors: credential of the camp's healthcare provider, risk profile of the camp program, type of client attracted to the camp, level of care provided by the camp, and so forth. The history, however, is also a dynamic document. It has to reflect changing cultural norms, be sensitive to individual preferences, and meld well with the camp's overarching philosophy while also responding to the growth and development needs of the person it reflects.

For these reasons, it may be time for the camp community to re-evaluate our health history forms and begin shaping them to more effectively partner with the clients – both campers and staff – who are served. For certain there is need for continued research. Also note that this discussion focused solely on the health history; it did not touch the arena of physician exams and medical recommendations.

As one might expect, this kind of work needs to continue. Others need to examine the issue and be brought into discussion. Think about your camp's health history form and consider revisions to compliment the needs of both the individuals reflected by the form as well as the camp's health services.

Want to Be Part of the Discussion?

Readers with an interest in this topic are invited to consider:

- Sending their health forms to the author via ACN's office address.
- Participating in further research themselves.
- Discussing the topic at various camp conferences, especially at ACN's Camp Nurse Symposium.
- Telling the author of your reaction to this information via email to erceg@campnurse.org

Got a different idea? Let's talk!

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Thank you to the following camps for providing a health history form!

Anonymous Camp A
Anonymous Camp B
The Boggy Creek Gang, FL
Boy Scouts of America, Columbia Montour Council
Cali-Camp Summer Day Camp, Topanga, CA
Camp Gray, Reedsburg, WI
Camp Hanover, Mechanicsville, VA
Camp Highlands
Camp Kamaji, Cass Lake, MN
Camp Killoqua, Everett, WA
Camp Lambex & Westminster Highlands, Mercer, PA
Camp Mac, Munford, AL
Camp McDowell Environmental Center, Nauvoo, AL
Camp Palmer, Fayette, OH
Camp Sealth, Vashon Island, WA
Camp Tecumseh YMCA, Brookston, IN
Campus Kids-NJ, Chatham, NJ
Cape Cod Sea Camps, Brewster, MA
Concordia Language Villages, Bemidji, MN
Douglas Ranch Camps, Carmel Valley, CA
Easter Seals Wisconsin Camps, Wisconsin Dells, WI
Flat Rock River YMCA Camps, St. Paul, IN
Frost Valley YMCA, Claryville, NY
Girl Scouts of Limberlost Council, Fort Wayne, IN
Girl Scouts of Little Cloud Council
Girl Scouts of North Alabama, Huntsville, AL
Girl Scouts, San Diego-Imperial Council, Inc, CA
International Sports Training Camp, Stroudsburg, PA
Kayak Community Camp, Lake Stevens, WA
Laketrails Base Camp, Little Falls, MN
Philmont Scout Ranch BSA, Cimarron, NM
Sea World, Busch Gardens Adventure Camps
Silver Spur Conference Center, Tuolumne, CA
Sonlight Christian Camp, Pagosa Springs, CO
Surprise Lake Camp, Cold Spring, NY
Virginia 4-H Camps
YMCA Camp Lakewood, Potosi, MO
YMCA Camp Seymour, Gig Harbour, WA
YMCA Camping Services, Huguenot, NY
YMCA Willson Outdoor Center, Bellefontaine, OH

Association of Camp Nurses
8630 Thorsonveien NE
Bemidji, MN
www.campnurse.org

Dear Camp Friends,

Thank you for your interest in camp health! The fact that you want to read this information speaks admirably to your interest in matters concerning the health of your campers and staff. I applaud you in this regard!

This study is a simple starting point. As time moves forward, look for more such work to occur. I invite your participation by sending me copies of your camp's health forms, health center policies, safety protocols, EMS plans – anything you create that impacts the health of your population. There is a reference library through the Association of Camp Nurses for these items, a repository where samples of what is done can be used to move camp health initiatives forward. I'd enjoy adding your materials!

In addition, please let me know of your camp health challenges and concerns. My personal commitment to "Healthier Camping for All" includes intentional work to help all of us have better – healthier – camp outcomes. As a result, I encourage you to consider affiliating with the Association of Camp Nurses (ACN – not to be confused with ACA!). This organization is also focused on healthier camp communities; that's right up front in ACN's mission statement. Help support more efforts like this. Simply click on "Membership" on ACN's website: www.acn.org

I look forward to hearing more from you and, again, thank you for your interest!

Sincerely,

Linda Ebner Erceg, RN, MS, PHN