NEPHROLOGY MEDICAL FORM

CAMPER'S NAME: _____

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

You are invited to attend National Kidney Foundation of Arizona's Camp Kidney 2019!
Camp Kidney will be held from **Friday, October 25th, through Sunday, October 27th** at Prescott Pines Camp in Prescott, AZ.

Camp Kidney is only for kidney patients (having chronic kidney disease, currently on dialysis or have received a transplant) ages 8-18. There is no cost to attend Camp Kidney and transportation is provided.

Please see enclosed the 2019 Camp Kidney application. You must submit the enclosed application by **Tuesday, October 1, 2019**. **Late applications will not be accepted.**

New for 2019: Campers will earn $500 in Camp Kidney Dollars for applications turned in before or on the due date!

Please return all forms and records to National Kidney Foundation of Arizona.

Email: Camp@azkidney.org
Fax : 602.840.2360
Mail : National Kidney Foundation of Arizona
360 E. Coronado Road, Suite 180, Phoenix, AZ 85004

Camper and a parent/guardian **MUST** also attend a pre-camp information meeting on:

Saturday, October 12th @ 12pm @ NKF AZ Offices – 360 E. Coronado Road, Suite 180, Phoenix AZ 85004

Even if you have attended camp in the past, you must attend this meeting in order to go to camp. At the meeting you will meet your fellow campers, meet our medical team and find out your Color War Team color. We will also answer your questions about camp during this meeting.

We look forward to welcoming you to Camp Kidney 2019!

Ashleigh Schufeldt
NKF AZ Special Events Manager
Camp Kidney Camp Director

Jen Godbehere
NKF AZ Special Events Coordinator
Camp Kidney Camp Director

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

Camp Kidney (National Kidney Foundation of Arizona) strives to provide your child/camper with the safest and most magical experience while visiting camp. To do so, we need as much information as possible from the guardian and medical provider regarding the camper's current medical status.

If you have any questions, please contact National Kidney Foundation of Arizona at 602.840.1644

Please prepare the following:
1) Parent/Guardians complete Section 1 (pages 1-10)
2) Medical Providers complete Section 2 (pages 11-21)
3) Request immunization records from your Primary Care Physician
4) Copy of prescription card and insurance card
5) Return all forms and records to NKF AZ by one of these three methods:
EMAIL: CAMP@AZKIDNEY.ORG **FAX:** 602.840.2360 **MAIL:** 360 E. Coronado Road, Suite 180, Phoenix AZ 85004

Please include a photo of camper here:

SECTION 1: To Be Completed by a Parent or Guardian (Please type or print legibly)

Camper Information:

CAMPER NAME:		DATE OF BIRTH:	
GENDER: ☐ MALE ☐ FEMALE		SCHOOL GRADE NEXT YEAR (2019/2020):	
PARENT/GUADIAN NAME:		PHONE NUMBER:	
SECONDARY EMERGENCY CONTACT NAME:		PHONE NUMBER:	
HOME ADDRESS:			
EMAIL ADDRESS:			
MEDICAL DIAGNOSIS:			
SWEATSHIRT SIZE:	Circle One: YS YM YL S M L XL 2XL 3XL		

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

MEDICATIONS

ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS. IF THEY ARE NOT IN THEIR ORIGINAL CONTAINERS, YOUR CHILD WILL NOT BE ALLOWED TO BOARD THE CAMP BUS.

List ALL medications this camper will need, while away at camp (including OTC and PRN).

Please attach the most current medications sheet/list.

+++IMPORTANT: *Camp Kidney will not have a pharmacy available on site.*
If campers do not have the appropriate medications and amounts in hand at the time of departure for camp, ***THEY WILL NOT BE ALLOWED TO BOARD THE CAMP BUS.***
++++ Camp Kidney will ensure that all medications will be given to campers at appropriate times. However, due to the number of campers, times of medications may deviate slightly from their home schedule.

Medications Name	How much do you give with each dose? (ml or number of pills)	What time of day do you give the medication?
Example: Tacrolimus 1 mg capsules	3 capsules	8 am and 8 pm

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

MEDICAL QUESTIONS

After the first year, your child must be showing progress in taking prescription medications as tablets or pills. Exceptions are made only for those with a g-tube, or for medications that are only available as a liquid for your child.

Due to the number of kids and the complexities of camp, we will not be able to provide non-MD prescribed treatments, ie: essential oils, alternative suppliments

Will this camper need any kind of routine medical care during his/her time at camp? (i.e. dressing changes, catheter care, nightly peritoneal dialysis) If so, please explain.

_____

_____

ALLERGIES

□ NONE □ Medications □ Foods

□ Insect/Bee Stings □ Liquids and Drinks

□ Other _____

Please provide information regarding symptoms and treatment for known allergies.

_____

_____

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

MEDICAL SUPPLIES

List ALL supplies (e.g.; blood pressure monitor, masks) camper will need at camp- enough for 3 days and 2 nights -> List all extra supplies (extra catheters, g-tube supplies, feeds, Albustix, glucose monitoring machines, etc.) camper will need at camp.

Check In (Camp Kidney Staff)	Supply	Used For	Special Instructions	(Camp Staff) For Staff Only

+++IMPORTANT:

Please know that **YOU as the parent/guardian will be responsible to provide all medical equipment and supplies for this camper before he/she leaves for camp.** Be sure to pack enough of everything to last 3 days and 2 nights at camp.

If campers do not have the appropriate supply amounts in hand at the time of departure for camp, **THEY WILL NOT BE ALLOWED TO BOARD THE CAMP BUS.**

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

Treatment Record:

Please fill in the table below to the best of your abilities. If a category does not apply to camper, please mark N/A in the box.

	DATE OF MOST RECENT:	REASON FOR MOST RECENT:	NUMBER IN PAST 12 MONTHS:
PRIMARY CARE DOCTOR VISIT:			
NEPHROLOGIST DOCTOR VISIT:			
ER VISIT:			
VISIT WITH SOCIAL WORKER OR OTHER MENTAL HEALTH PROVIDER:			
HOSPITALIZATION:			
SURGERY:			

ANY KNOWN SURGERIES/PROCEDURES PLANNED BEFORE OR AFTER CAMP: ☐ Yes ☐ No.
If Yes, please explain below:

NEPHROLOGY MEDICAL FORM

CAMPER'S NAME: _____

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMP KIDNEY
Conditions of Enrollment for Parents

1. Camp Kidney accepts no responsibility for the loss, damage, or theft of my child's property.
2. I understand that my child will be covered solely by the medical insurance policy in which he/she is enrolled.
3. I authorize a licensed professional to dispense any medications recommended or prescribed by a physician to my child.
4. I assume full responsibility for my child's safety. I agree to release and indemnify Camp Kidney, National Kidney Foundation of Arizona and all of their agents, representatives and employees (paid and volunteer) from any claims, costs, expenses and/or damages which my child may sustain or incur.
5. If my child demonstrates behaviors that are harmful to the camp community, he/she will be sent home. If I am asked to remove my child from camp, it will be at my expense. I acknowledge that I will be held financially responsible for acts of vandalism caused by my child at Camp Kidney.
6. I agree to hold the professional staff of Camp Kidney, National Kidney Foundation of Arizona and all of their agents, representatives, employees and volunteers free from any liability which may arise from any accident or illness which may affect my child during his/her participation at Camp Kidney.
7. If a camper has acute illness while at camp, an authorized parent/guardian will be contacted and required to drive to Camp Kidney/hospital/ED in Prescott, Arizona to pick up the camper. This will be at the expense of family/camper. No exceptions will be made.

All of the above information is correct to the best of my knowledge. My child herein described has my permission to engage in all camp activities, except as noted by myself.

_____

Printed Name of Camper

_____

Printed Name of Parent/Legal Guardian

_____

Signature of Parent/Legal Guardian

_____

Date

NEPHROLOGY MEDICAL FORM

CAMPER'S NAME: _____

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMP KIDNEY
Emergency Medical Treatment

In the unfortunate case of medical and/or surgical emergencies, I authorize National Kidney Foundation of Arizona's medical volunteers to render or arrange for the person named below to receive any x-rays, anesthetic, medical, dental, surgical procedure, treatment or medical care which is deemed advisable by and is to be rendered under the supervision of any physician, dentist, or surgeon licensed in the state of Arizona.

_____

Printed Name of Camper

_____

Printed Name of Parent/Legal Guardian

_____

Signature of Parent/Legal Guardian

_____

Date

NEPHROLOGY MEDICAL FORM

CAMPER'S NAME: _____

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMP KIDNEY
Media Consent

I give permission to Camp Kidney, National Kidney Foundation of Arizona, Prescott Pines, and other media invited to camp by Camp Kidney/National Kidney Foundation of Arizona to take and release video footage and photography of the person named below during his/her time at Camp Kidney. I understand that any video or photo may be used on television, in newspapers, magazines, internet, or in any other medium that National Kidney Foundation of Arizona and Prescott Pines may choose.

_____

Printed Name of Camper

_____

Printed Name of Parent/Legal Guardian

_____

Signature of Parent/Legal Guardian

_____

Date

NEPHROLOGY MEDICAL FORM

CAMPER'S NAME: _____

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMP KIDNEY
Alcohol, Tobacco, and Drug Policy

National Kidney Foundation of Arizona and Prescott Pines Policy forbid the possession or use of any alcohol, tobacco, and/or un-prescribed drugs any time while at Camp Kidney.

Campers who don't fully comply with this policy will be sent home immediately. In this instance, an authorized parent/guardian will be contacted and required to drive to Camp Kidney in Prescott, Arizona to pick up the camper. Staff and volunteers who don't comply will also be sent home. No exceptions will be made.

Your signature below indicates your commitment to abide by this policy in its entirety. Please contact the National Kidney Foundation of Arizona at (602)840-1644 if you have any questions regarding this policy.

_____

Printed Name of Camper

_____

Signature of Camper

_____

Printed Name of Parent/Legal Guardian

_____

Signature of Parent/Legal Guardian

_____

Date

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

SECTION 2: To Be Completed by the Medical Specialist (Please type or print legibly)

Please include: *(If applicable)*

	COPY OF RECENT CORRESPONDENCE LETTER OR MEDICAL SUMMARY
	COPY OF MOST RECENT LABORATORY AND/OR IMAGING REPORTS IF PERTINENT
	COPY OF THE MOST RECENT MEDICATION LIST

Patient Information:

DATE OF LAST EXAM:			
NEPHROLOGY DIAGNOSIS: (PLEASE INCLUDE DATE)			
SECONDARY DIAGNOSIS:			
ETIOLOGY OF KIDNEY DISEASE: (IF KNOWN)			
PREVIOUS SURGERIES AND/OR ANTICIPATED PROCEDURES:			
1)		DATE:	
2)		DATE:	
3)		DATE:	
4)		DATE:	

HISTORY OF DIALYSIS:					
PERITONEAL	☐ YES ☐ NO	FROM:		TO:	
HEMODIALYSIS	☐ YES ☐ NO	FROM:		TO:	

CURRENT TREATMENT:	
PLEASE DESCRIBE ANY PREVIOUS SIGNIFICANT TREATMENT REACTIONS:	

Physical Exam	**Date/Time of Last Clinic Visit:**
HEIGHT:	WEIGHT:
BLOOD PRESSURE:	HEART RATE:

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

	NORMAL	ABNORMAL	COMMENTS
HEENT:	☐	☐	
NECK:	☐	☐	
LUNGS:	☐	☐	
HEART:	☐	☐	
ABDOMEN:	☐	☐	
MUSCULAR/SKELETAL:	☐	☐	
LYMPH:	☐	☐	
NEURO:	☐	☐	
SKIN:	☐	☐	
PSYCH:	☐	☐	
OTHER:	☐	☐	

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

Psychosocial Information:

HAS THE CAMPER EVER BEEN DIAGNOSED WTH ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

- ☐ ADD/ADHD
- ☐ ANXIETY
- ☐ ASPERGER'S
- ☐ AUTISM
- ☐ BIPOLAR
- ☐ DEPRESSION
- ☐ DOWN SYNDROME
- ☐ DEVELOPMENTAL DELAYS (MR/DD)
- ☐ OBSESSIVE COMPULSIVE DISORDER (OCD)
- ☐ OPPOSITIONAL DEFIANT DISORDER (ODD)
- ☐ PICA (PERSISTENT COMPULSIVE CRAVINGS FOR NON-FOOD ITEMS)
- ☐ PERVASIVE DEVELOPMENTAL DISORDER
- ☐ (PDD) POST TRAUMATIC STRESS DISORDER
- ☐ (PTSD) PRADER-WILLI SYNDROME
- ☐ REACTIVE ATTACHMENT
- ☐ DISORDER Q22
- ☐ OTHER (SPECIFY):

Medical Background:

PLEASE LIST MOST RECENT/RELEVANT LABORATORY RESULTS OR PROVIDE COPY OF RECENT LABS						DATE:					
Na^+		K^+		Cl^-		HCO_3^-		BUN		Creat	
Ca++		Phos		Alb		Cholesterol profile					
Hgb		Hct		Fe/TIBC		Platelets		WBC			
HEPATITIS AND LIVER FUNCTION LABORATORY TESTS:											
OTHER PERTINENT LABORATORY TESTS:											

DOES THE CAMPER HAVE ANY OF THE FOLLOWING?

- ☐ CENTRAL LINE
- ☐ AV FISTULA
- ☐ AV GRAFT
- ☐ VESICOSTOMY/MITROFANOFF
- ☐ ACE/CECOSTOMY
- ☐ OTHER _____

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

Diet: *(This section can also be filled out by parent, but needs to be reviewed by physician)*

****All campers will be a low sodium, potassium and phosphorus diet. If the camper needs high potassium or phosphorus diet due medical needs, please let Camp Staff know. These extra foods will be stocked in the Infirmary where they accessed if necessary.**

If camper has food allergy, please indicate on page 4. Dietary accommodations will be made to be the best of Prescott Pines abilities, but if camper requires strict meal plans, please call NKF AZ to discuss appropriateness of attendance to Camp Kidney.

Fluid:

Maximum Amount of Fluid a Day: _____

Minimum Amount of Fluid a Day: _____

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

SIGNIFICANT PAST MEDICAL HISTORY/OTHER MEDICAL CONDITIONS:

Is the child developmentally appropriate for their age? ☐ YES ☐ NO
If no, at what (approximate) age does this child function? _____

List any communication problems, pertinent psychosocial information, or behavior problems that would affect the child's participation in a group: _____

_____

INFECTION CONTROL:

Live vaccines deferred? ☐ YES ☐ NO
If yes, please explain why: _____

To the best of your knowledge, has this child ever tested positive for:
☐ MRSA or ☐ VRE
If yes, date cleared: _____.
We cannot accept these campers unless infection has been cleared.

Has this child had recurrent outbreaks of shingles? ☐ YES ☐ NO
If yes, please indicate frequency in the past 12 months:
_____

Special Infection Control Precaution: ☐ YES ☐ NO
If yes, please explain: _____

BLADDER/BOWEL TREATMENT PROGRAM:

Needs urinary catheterization? ☐ YES ☐ NO
If yes:

Catheter Size:_____
Frequency (hrs):_____
Site of catheterization: ☐ Mitrofanoff ☐ Urethra

Irrigation:

Volume (mL):_____
☐ Normal Saline
☐ Other _____

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

☐ Enema ☐ Suppository ☐ Medication

Any Additional Instructions: _____

DEVICES:

☐ PD CATHETER
☐ HD CATHETER
☐ CENRAL VENUS LINE/PORT –A-CATH TYPE _____ LOCATION _____
☐ BILE TUBE
☐ G TUBE
☐ GJ- TUBE
☐ J-POUCH
☐ OSTOMY
☐ INSULIN PUMP
☐ BACLOFEN PUMP
☐ HEARING AIDS
☐ PE TUBES
☐ GLASSES/CONTACTS
☐ SPINAL ROD
☐ VNS
☐ VP SHUNT
☐ AFO
☐ OTHER _____

DIETARY:

Food Restrictions ☐ YES ☐ NO

If yes, please explain: _____

_____

_____

Please note that all campers & staff will be provided with renal approved meals and snacks while at Camp

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
October 1, 2019

CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

G TUBE:

Formula ☐ YES ☐ NO
If yes, type of formula: _____

Daytime boluses: _____mL
Times given: _____, _____, _____
Nighttime drip: _____mL for _____ hours.

Water drip ☐ YES ☐ NO
If yes: _____mL for____ hours.

DIALYSIS INFORMATION:

HEMODIALYSIS:

Access: ☐ CVL ☐ FISTUAL
If fistual, location: _____

Days Maintained of Dialysis: _____

Fluid Restriction: _____

Medication List: _____

_____

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
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CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

PERITONEAL DIALYSIS:

☐ CAPD ☐ CCPD Date stated dialysis: _____
Is child anephric? ☐ YES ☐ NO

Child's Dry/Target Weight (kg):_____

Dialysis Unit Name: _____
Phone Number: _____ Fax: _____

Name of Cycler: _____

Fill Volume(mL):_____Last Fill:_____ Total Volume: _____

#Cycles _____Total Number of Hours:_____Dwell time_____

Dextrose Concentration Used: _____

Mid-day Exchange: ☐ YES ☐ NO (Exchanges at Camp will be around 2:00pm)
Volume (mL): _____ % Dextrose:_____

Low Ca+ Dialysate: _____ Regular Ca+ Dialysate _____

☐ 3L Bags (PD-2) ☐ 6L Bags (Low Calcium)

Other: _____

Inflow/Outflow Problems: _____

FLUID CHOICE PARAMETERS (Weight or Blood Pressure)

If wt/bp <_____, use _____

If _____ < wt/bp> _____, use _____

If wt/bp > _____, use _____

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
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CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

INFECTION HISTORY (within last six months):

Peritonitis
Date: _____ Organism(s): _____
Treatment: _____

Exit Site:
Date: _____ Organism(s): _____
Treatment: _____

Tunnel:
Date:_____ Organism(s):_____
Treatment:_____

TRANSPLANT INFORMATON:

Date of Transplant: _____

Secondary Conditions: _____

Rejection episode in past 6 months: ☐ YES ☐ NO
If yes, date and treatment: _____

Is camper multi-organ transplant (ie kidney + heart or liver)?
☐ YES ☐ NO
If yes, _____

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
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CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

NEPHROLOGY MEDICAL FORM

CAMP KIDNEY
National Kidney Foundation of Arizona

During Camp, Would You Suggest:

Campers will have the opportunity to participate in the following activities: hiking, archery, exposure to animals, a high and low ropes course, and campfires. All activities are adaptable to campers and are overseen by our medical team. Please check all boxes that apply.

PLEASE SPECIFY CAMPER'S EXCLUSION FROM SPECIFIC CAMP ACTIVITIES:

- ☐ NO ACTIVITY RESTRICTIONS NECESSARY
- ☐ MAY PARTICIPATE IN ALL ACTIVITES, BUT ALLOW FOR BREAKS AS NEEDED
- ☐ NO STRENUOUS ACTIVITES SHOULD BE PERMITTED. FREQUENT BREAKS WILL BE NECESSARY.
- ☐ NO CONTACT SPORTS DUE TO MEDICAL RISK OR EQUIPMENT
- ☐ CAMPER SHOULD NOT BE AROUND ANIMALS DUE TO MEDICAL CONCERNS
- ☐ CAMPER WILL NEED TRANSPORT AROUND CAMP (WHEELCHAIR OR GOLF CART)

ADDITIONAL CONSIDERATIONS THAT MAY ASSIST US IN CARING FOR THIS CAMPER:

NEPHROLOGY MEDICAL FORM

Camper Paperwork Deadline
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CAMP KIDNEY
National Kidney Foundation of Arizona

CAMPER'S NAME: _____

I understand that this camp program will provide_____with the opportunity to
Camper Name
participate in supervised activities which may include but are not limited to high ropes course, archery and other sport games.

I understand that the above listed individual is seeking to participate in a special overnight camp for children with serious illnesses, which provides a medical team consisting of specialty physicians, nurses, and mental health professionals who will be on site and on call 24 hours a day to provide medical care during camp.

FORM FILLED OUT BY:			
PROVIDER'S SIGNATURE:		DATE:	
HOSPITAL/AFFILIATION:			
OFFICE PHONE:		OFFICE FAX:	

To Be Completed by NKF AZ/ Camp Kidney Staff

RECEIVED BY:			
STAFF SIGNATURE:		DATE:	
CABIN ASSIGNMENT:			
COLOR WAR TEAM:		REGISTRATION TIME SLOT GIVEN:	