

Ruth Gottscho Dialysis and Children's Kidney Program

at Frost Valley YMCA

www.frostvalley.org/kidney

Hello Colleagues & Families!

2017

Attached are application forms for "kidney camp" for the 2017 camp season.

Once medically accepted, children are scheduled based on session requested and available space.

Because patient safety is our priority, we must receive camper information forms, all releases, and a typed medical summary prior to scheduling campers. Though our due date is flexible, we will not schedule your camper until this info is received!

Our due date for initial applications and medical summaries is **March 15, 2017**. Transfer summaries, transient dialysis forms, and all other medical information is expected two weeks prior to camp arrival. While at camp, children become patients of the Children's Hospital of Montefiore. Parent will also receive an email from CampDoc where they will enter basic medical info, immunizations, and consent for treatment for Frost Valley YMCA.

Please Note:

Kidney campers must be able to walk 200 yards unassisted (without walker, cane, etc.)

Campers on peritoneal dialysis should be trained in CAPD in their home unit (our staff will be assisting them at camp). Transplant campers must be at least one-year post-transplant.

We cannot accommodate femoral catheters, overnight GT feeds (or other overnight equipment) at camp. Please notify us if a camper has enuresis (bedwetting) or requires catheterization, so we can prepare accordingly. We will do our best to accommodate your child's special needs, so please discuss and document early!

Children with developmental or learning disabilities may be eligible for YAI's Project MAC; please notify our coordinator early on if your camper might benefit from this program.

Campers MUST bring 14 days-worth of all medications with them from home in original labelled bottles from your pharmacy (not pre-poured**).**

Your child must arrive at camp with a full 14-day supply

We want your kidney campers to have an enjoyable and rewarding experience and we appreciate your assistance in these preparations. Please feel free to contact the coordinators or medical director at the Children's Hospital at Montefiore at (718) 655-1120 or by email if you have any questions or require any additional information.

Maya Doyle, LCSW, PhD
Social Work Coordinator
mduoye@montefiore.org

Frederick Kaskel, MD, PhD
Medical Director

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Name _____

DOB _____

MR#

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Kidney Camper Registration 2017

First Name: _____ Last Name: _____

Birth Date: _____ Age at camp: _____ Grade this fall: _____ Gender (M/F) _____

Parent/Guardian: _____

Address: _____ City: _____ Phone: _____

State: _____ Zip Code: _____ Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Email (very important! If family does not have email, please provide email of someone who can contact you - friend, family, social worker, so that CampDoc forms can be completed online)

Type of Camper (PD/Hemo/Transplant/Chronic Kidney Disease >Stage 3): _____

Dialysis Access: _____ Dialysis Schedule: MWF TuTHSat Other

ALLERGIES: _____

Also: Bedwetting Catheterization Injectable Meds (Epo, Insulin, Growth Hormone)

Referring Medical Center

Referring Center:			
Social Worker:	Phone: _____	Fax: _____	
MD/Nephrologist	Phone: _____	Fax: _____	
RN/TX Coord:	Phone: _____	Fax: _____	
Home Pharmacy:	Phone: _____	Fax: _____	

Session Preference:

- Resident Camp 1-July 2 – July 14, 2017
- Resident Camp 2 - July 16 – July 28 2

Bus transportation needed (circle):

Not needed - DRIVING
Manhattan 460 34th Street
Brooklyn 225 Atlantic Ave.,
Montclair High School (NJ)



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Checklist of Needed Information

Detailed info is necessary so that we can provide safe and accurate treatment to your camper while at camp and in an emergency if one should arise!!

Please submit the following by March 15, 2017

- Kidney Camper Registration - A1 (REQUIRED)
- Signed release of information and treatment consent - A3 (REQUIRED)
- Signed photo release - A3 (OPTIONAL)
- Medical Summary from Nephrologist & this year's H&P - instructions on A4 (REQUIRED)
- Social Work Summary or letter - current year (REQUIRED)
- Copy of all Insurance cards, Medicaid, Medicare A/B/D (REQUIRED)
- Immunization Record (REQUIRED)
- Frost Valley Camper Information and Social Contract (REQUIRED)

CAMPERS WILL NOT BE SCHEDULED UNTIL THIS INFORMATION IS RECEIVED.

We cannot "reserve space" for children without this paperwork. Please DO NOT send dialysis flow sheets or prescriptions until one month before camp, as they will only need to be updated before camp.

In the MONTH prior to camp, we must receive for ALL Campers

- Gottscho Transfer Form -T2
- Gottscho Medication List or printed list from doctor/dialysis center- T3
- Most recent lab values, including Hep status

For Dialysis Pts, the MONTH prior to camp. Please include

- Montefiore Dialysis Consent Form signed by parent and home nephrologist
- Transient Dialysis Forms (Hemo or PD) (*from your home unit or available at frostvalley.org/kidney*)
- Current Comprehensive Plan of Care from Home Unit (REQUIRED)
- Dialysis Flow Sheets (2 weeks HD, or monthly PD)

Please return application materials by:

- 1. scan or save this pdf with camper's last name and email to mdoyle@montefiore.org**
- 2. or by fax to 718-652-3136, att: Maya Doyle/Kidney Camp**

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Consent for Release of Information

I, _____, parent or guardian of _____

consent to the release of medical information about my child from our healthcare provider to the Ruth Gottscho Dialysis and Children's Kidney Program, a division of the Children's Hospital at Montefiore, Bronx, NY.

I understand that while at camp, my child become a patient of Montefiore Medical Center, and they are subject to Montefiore's policy regarding protected health information, in accordance with the Health Information Portability and Accountability Act (HIPAA).

(for an additional copy of Montefiore's HIPAA policy, please contact camp coordinator)

Parent/Guardian Signature: _____ Current Date _____
(type name or print & sign)

Permission for Diagnosis and Treatment

I, _____, parent or guardian of _____

give my permission to the medical and nursing staff of the Ruth Gottscho Dialysis and Children's Kidney Program at Frost Valley YMCA, a division of the Children's Hospital at Montefiore, to provide medical and nursing care for the above minor. This permission includes medication administration, catheterization, CAPD or hemodialysis, for children receiving these forms of treatment.

Parent/Guardian Signature: _____ Current Date _____

Photo Consent

I, _____, parent or guardian of _____

hereby grant to: Children's Hospital at Montefiore, Frost Valley YMCA, and Ruth Gottscho Kidney Foundation without compensation therefore, permission to photograph, publish, reproduce, record and use, with or without his/her name, photographs, motion pictures, video or audio of my child or in which he/she appears, and permission to discuss his/her medical problems/diagnoses and treatment for any and all purposes, including but not limited to publication and/or broadcast of this material for education, clinical, scientific, informational, advertising, and promotional and medical publicity purposes, and I release the aforementioned parties from any and all claims or liability that may arise from any of the foregoing. I agree that all photographs, motion pictures, video, and audio made of my child by or for the above-mentioned parties shall be their exclusive property, which in their discretion may be used as they see fit. I grant this permission and release as a voluntary contribution and I waive any and all rights I may have to royalties or other compensation in.

Parent/Guardian Signature: _____ Current Date _____

Signature/printed name of
minor subject, if old enough to
understand _____

A program of the Division of Pediatric Nephrology, Children's Hospital at Montefiore

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Medical Summary

REQUIRED FROM NEPHROLOGIST PRIOR TO CAMP ACCEPTANCE

Dear Doctor:

_____ Is applying to attend kidney camp at Frost Valley YMCA for summer 2017.

In order to accept this child for camp, we must be able to review their medical information by **March 15, 2017.**

Please provide a **detailed, typed medical summary including:**

ESRD/CKD diagnosis
other diagnoses
history & physical
recent hospitalizations
recent labs
allergies & immunizations
development/learning issues
current problems
current medications and dialysis prescription

For dialysis patients, please provide recent URRs or Kt/V's, and describe any access problems.
For transplant patients, please describe any chronic/acute rejection, or recurrence of FSGS/plasmapheresis.

Please describe any pertinent issues regarding coping, adherence, mental health or behavior.
Include a summary from social work, and from psychologist or psychiatrist if necessary.
Please attach a copy of a RECENT History & Physical with your letter.

We will request a brief transfer form, labs, and current med list, in the month prior to camp arrival.

If you have any questions regarding whether your patient is medically appropriate for camp, please contact Dr. Kaskel at 718-655-1120, or coordinators at mdoyle@montefiore.org

All camp application materials should be faxed to **718-652-3136, Att: Maya Doyle/Kidney Camp, or emailed to mdoyle@montefiore.org**

We do our best to accommodate the needs of every child; communication is key!