

## **Ruth Gottscho Dialysis and Children's Kidney Program**

**at Frost Valley YMCA**

[www.frostvalley.org/kidney](http://www.frostvalley.org/kidney)

Summer 2016

We are pleased to inform you that your child has been accepted to the Ruth Gottscho Dialysis and Children's Kidney Program at Frost Valley YMCA for:

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

*Please note the following important instructions regarding your child's attendance:*

Please meet with your healthcare team to complete the enclosed transfer forms, which should be faxed to **(718) 652-3136**. We must receive transfer forms **in the month of JUNE** prior to arrival at camp, along with recent/June labs and all transient dialysis forms.

Children without complete information will not be accepted, as this creates a safety risk for your child and our staff. We will also be contacting your healthcare team.

Children should arrive with a **14-day supply of all medications**, which should be in the original labelled containers or packets from the pharmacy, **NOT pre-poured in a med box**.

**Please double-check ALL meds before your child boards the bus!**

Medications and any additional paperwork should be carried in a **separate bag** and brought immediately to the Wellness Center upon arrival at camp. We suggest you include an extra copy of insurance or prescription coverage cards in the medication carrier, along with your child's name and parent's contact info.

**The main camp number is 845-985-2291, then ask for the Dialysis Unit.  
The fax number for the camp dialysis unit (during sessions) is 845-985-0059**

We do our best to accommodate every child's needs, so please let us know if you have any special concerns. We hope your child has an enjoyable experience and we rely on your assistance in these preparations. Feel free to contact us if you have questions prior to camp!

Maya Doyle, Social Work Coordinator

mdoyle@montefiore.org

(347) 665 8662 for urgent issues

(from June 15 -July 28, call Dialysis Unit at cam)

(845) 985-2291

Blanche Van Etten, Camp Registrar

(845) 985-2291

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## Transfer Summary

This form must be completed and signed by child's doctor **in the month of JUNE** prior to arrival at camp. Any additional paperwork, and all medications, should be carried in a separate piece of luggage and brought directly to the Wellness Center/Dialysis Unit.

Name of Camper: \_\_\_\_\_

Type of Camper/Modality/Dialysis Access: \_\_\_\_\_

Kidney Diagnosis/Other Conditions: \_\_\_\_\_

Also:       Enur       Catheterization       Injectable Meds (Epogen, Insulin, Growth

**Allergies:** \_\_\_\_\_

Vital Signs (date): \_\_\_\_\_

Weight (dry)	Temperature	Blood Pressure	Heart Rate

**For Dialysis:** Please sign this form and complete medication list. Attach **transient dialysis forms, recent flow sheets, recent care plan, Montefiore dialysis consents, and recent labs.** All forms available at [frostvalley.org/kidney](http://frostvalley.org/kidney)

**For CKD:** Please sign this form and complete medication list. Attach **recent labs** and notes detailing any recent changes.

**For Transplant:** Please sign this form and complete medication list. Attach **recent labs** and notes detailing any recent changes, particularly rejection episodes.

Please **FAX** to camp coordinator at **718-652-3136** or scan/email to [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org) AND give family a copy to pack with **14-day supply of ALL medications.**

Contact us at **(718) 655-1120** or **(845) 985-2291** if there are any acute changes in child's condition or medications.

### Medical Clearance

It is my professional opinion that the above named child is medically stable, and suitable to participate in resident camp activities.

Referring Center: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature  
(type or print & sign) \_\_\_\_\_

Name & Title \_\_\_\_\_

Current Date \_\_\_\_\_



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### **Important Reminders for Everyone**

Children should arrive with a **14-day supply** of all medications, which should be in the original labelled containers from the pharmacy, **NOT prepped**.

**Please double-check ALL meds before your child boards the bus!**

Prescriptions and any additional paperwork should be carried in a **separate carrier** and brought immediately to the Wellness Center (please remind your child!).

The main camp number is (845) 985-2291, then ask for the Gottscho Dialysis Unit

### **For PD campers!**

Please share this info with your PD nurse!

Be sure to review CAPD technique with your nurse prior to arriving at camp. Our nurses will be there to help and teach you, but training and practicing ahead of time is VERY important.

**Contact your supplier (Baxter, Fresenius) several weeks ahead of time and let them know that you need**

14-16 days' worth of dialysis fluid & supplies delivered to camp. Specifically request Ultrabags and Minicaps for CAPD!

The address is:

**Ruth Gottscho Dialysis Unit/Guenther Wellness  
Center Frost Valley YMCA  
2000 Frost Valley Road  
Claryville, NY 12725-9600  
Phone (845) 985-2291**

**Other questions, please call 718-655-1120 or email Maya at [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org)**

***We can't wait to see your camper!***

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**Kidney Program Deposit  
Form**

Dear Parent,

A place is being reserved for your child at Frost Valley YMCA this summer.

Each child attending our program receives a scholarship that is worth more than \$2000 per camper. Every year we have a waiting list of children who want to attend. Thus, last minute cancellations and no-shows are a great loss to the program.

In order to confirm your child's attendance, please return this form with a \$25 deposit (payable by credit card below, check or money order).

Please mail to:

**Camp Registrar  
Frost Valley YMCA  
2000 Frost Valley Road  
Claryville, NY 12725-9600**

This deposit will be available in the camp store for your child when they arrive at camp, so that they can purchase Frost Valley gear! You can always add extra money to your child's camp store account.

If your child is NOT able to attend, you MUST let us know two weeks prior to camp attendance or provide a doctor's note. Late notice or lack of notice means the deposit will not be refunded.

If you have any questions regarding the deposit policy, please contact camp coordinator Maya Doyle at 718-655-1120 or email [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org)

Enclosed please find a \$25 deposit for my child's attendance at the Ruth Gottscho Dialysis and Children's Kidney program at Frost Valley YMCA this summer.

Type of Payment:

Check

Money Order

Make Payable to  
*Frost Valley YMCA*

Credit Card

Credit Card Number:

Exp Date/code

Signature

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I authorize Frost YMCA to charge the above credit card for \$25 on receipt of this form. (please check this box if you are paying by credit card)

Camper Name:

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