

# **Ruth Gottscho Dialysis and Children's Kidney Program at Frost Valley YMCA**

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

Hello Families & Colleagues!

Attached are application forms for "kidney camp" for the **2020** camp season.

*There are changes to our application process this year so please read carefully!*

**Because camper safety is our priority, we must receive camper registration forms, all releases, and a typed medical summary and medication list prior to scheduling campers.** Though our due date is flexible, we will not schedule your camper until this info is received! Once medically reviewed, campers are scheduled based on session requested and available space. Spaces are filled as we get applications, and accepted until we have no more room, we do run a waiting list if needed.

Our due date for initial applications and medical summaries is **March 15, 2020**.

Transfer summaries, transient dialysis forms, and all other medical information is expected in the month prior to camp arrival. While at camp, children become patients of the Children's Hospital of Montefiore.

Family will also receive *an email with a link to **CampDoc*** where they will enter complete camp paperwork, including basic medical info, immunizations, consent for treatment for Frost Valley YMCA, as well as questions about their child. This should be completed as thoroughly as possible. Images of health assessments and immunization may be uploaded. (If parents do not have email, please use one that can be accessed for/with them)

Please Note:

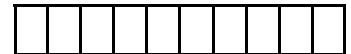
- **Kidney campers MUST arrive at camp with 14 days worth of all medications** with them from home in original labelled bottles from your pharmacy (**not pre-poured**), packed separately in a bag or cooler labeled with their name.
- Camp is hilly, and there is considerable walking. Kidney campers should be able to walk 200 yards unassisted (without walker, cane, etc.). If there are ambulation challenges, please let us know so we can plan accommodations if possible.
- Campers on peritoneal dialysis must be trained in CAPD in their home unit (our staff will be assisting them at camp). Our nurse coordinator would be happy to discuss, please ask!
- 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 GU catheterization, so we can prepare accordingly.
- 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.
- We will do our best to accommodate your child's unique needs, so please discuss and document early!

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  
[mdoyle@montefiore.org](mailto:mdoyle@montefiore.org)

Elena Cotillo, RN  
Dialysis Nurse  
Coordinator  
[ecotillo@montefiore.org](mailto:ecotillo@montefiore.org)

Frederick Kaskel, MD, PhD  
Medical Director



**Kidney Camper Registration**

First Name:		Last Name:	
Nickname:		Gender Identity:	
Birth Date:		Age at camp:	Grade this fall:
Parent/Guardian:			
Address:			
City:		State:	Zip Code:
Contact/Phone:			
Contact/Phone			
Emergency Contact/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 <b>CampDoc</b> forms can be completed online)		Email:	

**Type of Camper:**  Dialysis (Circle: Hemo or PD)     Transplant     CKD >Stage 3:  
 Dialysis Access: \_\_\_\_\_ Dialysis Schedule:  MWF     TuThSat     Other

**ALLERGIES:** \_\_\_\_\_  
 Bedwetting     GU Catheterization     Injectable Meds (Epogen, Insulin, Growth Hormone)

Medical Center:			
	Name	Phone	Email
Nephrologist			
Dialysis RN/Transplant Coord./ CKD RN			
Social Worker			
Other provider			
Pharmacy			

Session Preference (Circle)	Bus transportation needed (check):
<input type="radio"/> Resident Camp 1: June 28 – July 10, 2020 (all dialysis campers)	<input type="radio"/> Manhattan – 460 West 34th Street
<input type="radio"/> Resident Camp 2: July 12 – July 24, 2020 (transplant and CKD campers only, no dialysis)	<input type="radio"/> Brooklyn - 225 Atlantic Ave.
<input type="radio"/> No Preference	<input type="radio"/> Montclair High School (NJ)
	<input type="radio"/> Newark - 1 Avon Ave
	<input type="radio"/> Not needed - DRIVING



### 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, 2020**

- 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

**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 orders until one month before camp as they will need to be updated before camp.

You will know your child is registered when you receive an email from CampDoc – please follow the link and complete the requested info, which will include health assessment, immunizations, and "tips for success". Please contact our coordinator if you have any difficulty with the process!!

In May, family and medical team will receive the forms below (they will also be available on the FV website)

#### ALL Campers

**In the MONTH prior to camp, we must receive for**

- 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](http://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. Preferred - Scan and save completed forms with camper's last name.**

**Email to [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org)**

**2. Fax to 718-652-3136, att: Maya Doyle/Kidney Camp**

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## 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 becomes 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 (HIPPA).

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_

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

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**Medical Summary  
REQUIRED FROM NEPHROLOGIST  
PRIOR TO CAMP ACCEPTANCE**

\_\_\_\_\_ is applying for kidney camp for a session this summer.  
In order to accept this child for camp, we must be able to review their medical information by March 15, 2019.  
Please provide a detailed, typed medical summary including:

- ESRD/CKD diagnosis
- other diagnoses
- history & physical
- recent hospitalizations
- recent labs
- allergies & immunizations
- developmental/learning/behavioral issues
- recent psychosocial or letter from social worker appreciated
- 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.

*If child is seen by another specialist (endocrinology, cardiology, neurology, etc), please be sure to include information and contacts for them.*

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, and transient dialysis forms and prescription if needed.

If you have any questions regarding whether your patient is medically appropriate for camp, please contact Dr. Kaskel at 718-655-1120, or Maya Doyle at [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org).

All camp application materials should be faxed to 718-652-3136, Att: Kidney Camp, or emailed to [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org)

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

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**Psychosocial Summary**

Please attach a thorough psychosocial summary, and include any relevant information from social worker and any other mental health professionals or child life therapists working with child. Please detail any coping or behavioral concerns (including medication adherence) that child has recently experienced or might experience at camp.

**Mental, Emotional, and Social Health:** Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes  No   
If so, name and contact info.....
4. Had a significant life event that continues to affect the camper's life?  
(new diagnosis, loss of transplant, death of a loved one, family change, adoption/foster care, new sibling, survived a disaster, violence or abuse, other) Yes  No

**Please explain "Yes" answers in the space below and/or attach an additional letter or report.  
We may contact you for additional information so that we can best meet camper's needs.**

Completed by: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_