

Camp Kydnie

A special camp for kids with kidney disease

All Campers Medical History Form

(to be completed by camper's health care provider)

All campers (Kydnie kids, friends and siblings) must have a completed medical history form to attend camp (including physician signature.) The reverse page must also be completed for all "Kydnie kids (campers with kidney disease.) Dialysis campers must have been examined within 6 weeks of camp, other kidney campers within 6 months and other campers within 1 year.

Camper's Name: _____ DOB: _____
Weight (kg) _____ Height: _____ BP: _____ HR: _____

Allergies (list allergen and reaction): _____

Record of Immunizations:

	Complete?	Dates (if complete)		Complete?	Dates (if complete)
DPT	Y N	_____	MMR	Y N	_____
TD	Y N	_____	Hepatitis B	Y N	_____
Polio	Y N	_____	HIB	Y N	_____
Varicella	Y N	_____	Menactra	Y N	_____

Other immunizations: _____ Has camper had the chicken pox? Y N

List any chronic or current health problems, or behavioral concerns that might be an issue at camp (use a separate sheet if necessary): _____

List any dietary restrictions. Please be specific: _____

Is your camper familiar and responsible with his/her dietary needs? Y N

Current Medications (please use an additional page if necessary)

Drug Name	Dose	How Taken	How often and when
Example: Enalapril	5mg – 1 tablet	By mouth	Twice daily at breakfast and bedtime

Health care provider: please list any precautions or restrictions for this patient _____

I examined _____ on _____ and found her/him to be in good health and able to attend camp. (Dialysis campers must have been examined within 6 weeks of camp, Kydnie kids within 6 months and all other campers within 1 year.)

(Providers please note: additional information required for campers with kidney disease on the reverse)

Provider signature: _____ Date: _____
Provider name (please print) _____ Office phone #: _____

Additional Medical Information for Kydnie Kids

Renal Diagnoses:

Include information about recent hospitalizations or significant recent illness. Use a second sheet if necessary.

Recent Serum Creatinine: _____ Date: _____

Does the camper have special instructions for salt and/or fluid consumption, restrictions, or supplements? Please list: _____

Does the camper have a central line, hemodialysis catheter, or peritoneal dialysis catheter? _____

If yes... what type and location? _____

How often is it flushed? _____

What heparin solution dose is used? _____

What do you use to cover the line when the child bathes or swims? _____

Please make sure to bring supplies for dressing changes and line care to camp. Note that with the increased activity while at camp, extra dressings may be necessary.

Does the camper require dialysis: Y N Type: Peritoneal Dialysis _____ Hemodialysis _____

Parents of dialysis campers must contact the camp director, Wendy Murphy, at 717-887-1219 to ensure that appropriate arrangements are made. Additionally it will be necessary for your dialysis unit to help us make appropriate arrangements for dialysis care. The nephrologist, dialysis nurse manager or social worker should contact the camp medical director, Dr. Deborah Kees-Folts, at 717-531-5707, to begin this process.

Is there any additional information we should know about the Kydnie kid? (Nephrologists, please consider what information you would like to know if you met this child for the first time at camp.)

Use an additional sheet if necessary