



A special camp for kids with kidney disease

Camp Kydnie Staff Releases

Please carefully read the following three paragraphs - your signature is required.

1. I give permission to Camp Kydnie and / or Camp Victory to obtain photographs and / or videotapes of myself during the Camp Kydnie week. I also understand that these photographs / videos may be used to share with campers and staff or used for publicity or publication purposes.
2. In the event of an emergency, I hereby authorized Geisinger Medical Center's Emergency Department in Danville, PA to provide necessary emergency care for myself during my attendance at Camp Kydnie.

Print name: _____

Physician's name: _____

Geisinger medical record # (if applicable): _____

Parent / legal guardian (print): _____

Phone (home): _____ (work) _____

Emergency contact person: _____

Contact person's phone (home): _____ (work) _____

3. A. I am able to assume the responsibility for administering my own medications independently. (i.e. go to med shed on own, retrieve meds from staff cabinet & take appropriate meds at appropriate times) There will be no doctors or nurses to monitor.

B. I am independent in all of my self care needs. This includes transfers, showering and toileting (i.e. cathing and bowel program, if relevant)

C. I can independently travel throughout the Camp Victory facility. The inability to physically comply requires staff to notify the Camp Kydnie Staff Coordinator, Carol DeSilva a month prior to camp in order to arrange for accommodations. To contact Carol call 570-546-8786.

By signing this form you agree and are able to fulfill the duties that are stated in the above three paragraphs.

Signature: _____ Date: _____