



Camp Kydnie

A special camp for kids with kidney disease

MEDICAL HISTORY FORM FOR ALL CAMPERS

INSTRUCTIONS: ALL CAMPERS (Kydnie Kids, siblings and friends) must have a completed medical history form to attend camp. This form must be completed by the camper's health care provider and must include provider signature on the reverse.

Dialysis campers must have been examined by their physician within 12 weeks of camp, other kidney campers within 6 months, and siblings and friends within 1 year.

Please note that both sides of this form must be completed. Return this form with the camper application.

PARENTS OF DIALYSIS CAMPERS MUST CONTACT THE CAMP DIRECTOR, DEVON NORDINE, AT 717-418-9629 TO ENSURE THAT APPROPRIATE ARRANGEMENTS ARE MADE. A SUPPLEMENTAL DIALYSIS MEDICAL INFORMATION FORM WILL BE SENT WHEN YOU HAVE MADE CONTACT.

Camper's Name: _____ **DOB:** _____

Weight (kg) _____ **Height** _____ **BP:** _____

Allergies (list allergen and reaction): _____

Immunizations:

Please include a copy of the camper's immunization records with this form.

Medical Concerns:

Please list any chronic or current health problems:

Mental Health Concerns:

Please list any chronic or current mental health, behavioral and/or developmental diagnoses or concerns (such as ADHD, depression, ODD, anxiety, Asperger's syndrome or autism)

Current Medications (please use an additional page or include a copy of the current medication list if necessary)

| Medication Name Example: Enalapril | Dose 5 mg = 1 tablet | How Taken By mouth | How often and when Twice daily at breakfast and bedtime |
|---------------------------------------|-------------------------|-----------------------|--|
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FOR ALL CAMPERS, PLEASE CONTINUE TO THE REVERSE SIDE

ADDITIONAL MENTAL HEALTH/BEHAVIOR INFORMATION FOR ALL CAMPERS

Is there any additional information that we should know about your camper? (Doctors: - please consider what information you would need to know if you were responsible for this child's medical care at camp.) Please include information about any **mental health/behavior** concerns as well as medical diagnoses.

For campers with significant Mental Health/Behavior concern including those who have wrap around services, please contact the Camp Medical Director – **Dr. Deborah Kees-Folts, 717-531-5707 (Penn State Hershey Children's Hospital, Pediatric Nephrology)**

Please attach additional sheets if necessary

ADDITIONAL MEDICAL INFORMATION FOR KYDNE KIDS

(To be completed by nephrologist or primary care physician. Nephrologist must complete for dialysis campers)

Renal Diagnoses:

Please 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 sodium and or fluid consumption, dietary restrictions or supplements or activity restrictions? 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? _____

Is your camper allowed to swim? (chlorinated pool only) _____

If yes, what do you use to cover the line when the child swims? _____

Please make sure to send supplies for dressing changes and line care to camp. Note that with increased activity at camp, extra dressing changes are often necessary.

Does the camper require dialysis? _____ Type: Peritoneal Dialysis _____ Hemodialysis _____

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Health care provider: Please list any additional precautions or restrictions for this patient:

I examined _____ on _____ and found him/her to be in good health and able to attend camp.

Provider signature: _____ Date: _____

Provider name (please print) _____ Office phone: _____