



Camp Kydnie

A special camp for kids with kidney disease

MEDICAL HISTORY FORM FOR ALL CAMPERS

INSTRUCTIONS: ALL CAMPERS (Kydnie Kids, friends and siblings) 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 physician signature. **Please note that the other side of this form must also be completed.** Return this form with the camper application.

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

PARENTS OF DIALYSIS CAMPERS MUST CONTACT THE CAMP DIRECTOR, DEVON NORDINE, AT 717-418-9629 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.

YOUR NEPHROLOGIST, DIALYSIS NURSE MANAGER OR SOCIAL WORKER MUST CONTACT THE CAMP MEDICAL DIRECTOR, DR. DEBORAH KEES-FOLTS, 717-531-5707 TO BEGIN THIS PROCESS.

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

Health care provider: Please list any 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 number: _____

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 the need for wrap around services, please contact the Camp Medical Director – **Dr. Deborah Kees-Folts, 717-531-5707 (Penn State Hershey Children's Hospital)**

Please attach additional sheets if necessary

ADDITIONAL MEDICAL INFORMATION FOR KYDNIE 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 require dialysis? _____ Type: Peritoneal Dialysis _____ Hemodialysis _____

PLEASE NOTE THAT FOR DIALYSIS CAMPERS, IT IS ABSOLUTELY NECESSARY FOR THE HOME DIALYSIS UNIT TO CONTACT THE CAMP MEDICAL DIRECTOR:

DR. DEBORAH KEES-FOLTS, 717-531-5707 (Penn State Hershey Children's Hospital)
SO THAT APPROPRIATE DIALYSIS ARRANGEMENTS CAN BE COMPLETED. THIS SHOULD OCCUR AS SOON AS YOU KNOW THAT YOUR CAMPER WILL BE COMING TO CAMP.

FOR HEMODIALYSIS CAMPERS, IT WILL BE NECESSARY TO MAKE ARRANGEMENTS FOR "TRANSIENT HEMODIALYSIS" AT THE GEISINGER MEDICAL CENTER. THE CAMP MEDICAL DIRECTOR WILL HELP FACILITATE THIS PROCESS, BUT IT IS STILL NECESSARY FOR YOU TO RELAY DIALYSIS INFORMATION TO THE GEISINGER DIALYSIS UNIT.

FOR PERITONEAL DIALYSIS CAMPERS, IT WILL BE NECESSARY FOR YOU TO ENSURE THAT A CYCLER AND SOLUTIONS ARE AVAILABLE AT CAMP (EITHER BY PARENTAL TRANSPORT OR BY ARRANGING DELIVERY WITH YOUR PERITONEAL DIALYSIS PROVIDER)

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

If yes: What type and locations: _____
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.