

Ruth Gottscho Dialysis & Children's Kidney Program at Frost Valley YMCA

Kidney camp is back for Summer 2022. We can't wait to see our campers!!

This is the first step in registering your child for kidney camp

Because camper safety is our priority, we must receive camper registration info, a medical summary from nephrologist, and all releases prior to scheduling. We will be in touch with parents and teams by email over the next few months. Forms are also available on our website

<http://www.frostvalley.org/kidney>

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, 2022.

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. (Faster reply by email!!)

Maya Doyle, LCSW, PhD
Social Work/Coordinator
mdoyle@montefiore.org

Elena Cotillo, RN
Dialysis Nurse/Coordinator
ecotillo@montefiore.org

Rick Kaskel, MD, PhD
Medical Director

Kidney Camper Information

* 1. First Name:

* 2. Last Name:

3. Nickname:

4. Gender Identity:

* 5. Please enter camper's birthdate (month/day/year)

Date:

Date

* 6. Age at camp:

7. Grade this fall:

* 8. Parent/Guardian:

Name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

Session and Transportation

* 9. Type of Camper:

- Hemo
- P
D
- Transplant
- CKD >Stage
3:

* 10. Session Preference (Check all that apply)

- Resident Camp 1:
06/26/2022 – 07/08/2022
(CKD and transplant campers; all dialysis campers must register for session 1)
- Resident Camp 2:
07/10/2022 – 07/22/2022
(CKD and Transplnt campers only)
- Either session works for us!
- Resident Camp 3 or 4 may be availalbe for RETURNIING kidney campers age 14 and up who need minimal medical supervision. Camp coordinator will follow up to discuss availability.
- Former kidney camper applying to be a counselor in training (CIT)
(must have applied via Frost Valley process)

* 11. Transportation

	Which way?
Manhattan bus – 460 West 34th Street	<input type="checkbox"/>
Brooklyn bus - 225 Atlantic Ave.	<input type="checkbox"/>
Montclair High School (NJ) bus	<input type="checkbox"/>
Newark bus- 1 Avon Ave	<input type="checkbox"/>
DRIVING	<input type="checkbox"/>

Other (please specify)

Medical Info

* 12. Kidney diagnosis:

13. Other medical issues

Bedwetting

Insulin pump

GU catheterization

Nutritional formula

Injectable meds (epo, growth hormone, insulin)

Other (please specify)

* 14. ALLERGIES:

15. Type of Dialysis Access:

Other details:

16. Dialysis Schedule:

MWF

TuThSat

Not on dialysis

Other details:

Contact Info

17. Emergency Contact

Name	<input type="text"/>
Relationship	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 18. Medical Center

Company	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>

* 19. Nephrologist

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

20. CKD Nurse/Dialysis Nurse/Transplant Coordinator

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

21. Social Worker

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

22. Other provider (therapist, other specialty physician, etc)

Name

Company

Email Address

Phone Number

23. Pharmacy

Contact Person

Pharmacy Name

Email Address

Phone Number

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, 2022 by email to mdoyle@montefiore.org

- Signed release of information and treatment consent and signed photo release- [click to get form](#)
- Medical Summary from Nephrologist & a recent history & physical

CAMPERS WILL NOT BE SCHEDULED UNTIL THIS INFORMATION IS RECEIVED. We cannot “reserve space” for children without this paperwork.

You will know your child is registered when you receive an email from CampDoc which will include health assessment, immunizations, insurance cards, and “tips for success”.

In the month prior to camp, you and your medical team will be asked to submit a Transfer Summary, med list, and child's most recent labs. ([click for forms](#)). Dialysis campers will also be asked to submit:

- Montefiore Dialysis Consent Form signed by parent and home nephrologist) ([click for form](#))
- Transient Dialysis Forms (Hemo or PD) ([click for form](#))
- Current Comprehensive Plan of Care from Home Unit (REQUIRED)
- Dialysis Flow Sheets (2 weeks HD, or monthly PD)
- Please DO NOT send dialysis flow sheets or orders until one month before camp as they will need to be updated before camp.

Please contact our [coordinator](#) if you have any difficulty with the process!!