



# Frost Valley YMCA

2000 Frost Valley Road • Claryville, NY • 12725-9600  
(845) 985-2291 • fax (845) 985-7925 • [www.frostvalley.org](http://www.frostvalley.org)

## *Ruth Gottscho Dialysis and Children's Kidney Program*

Hello Colleagues & Families!

2008

Here are the application forms and brochures for the Ruth Gottscho Dialysis and Children's Kidney Program at Frost Valley YMCA, for the 2008 camp season. Once medically accepted, children are scheduled based on session requested and available space. *Because patient safety is our priority, we must receive camper information forms, all releases, and medical summary prior to scheduling campers.* Transfer summaries, transient dialysis forms, and all other medical information is expected two weeks prior to camp. Families will receive acceptance packets in the spring, including standard Frost Valley forms, transportation information, and packing lists.

Please feel free to make additional copies. Additional forms in printable PDF format are also available in the dialysis section of the Frost Valley website, [www.frostvalley.org](http://www.frostvalley.org).

In order to enjoy the mainstream camp environment, children must be able to walk 200 yards unassisted (without walker, cane, etc). Campers on peritoneal dialysis must be trained in CAPD in their home unit. Please notify us if a camper experience eneurisis or requires catherization, so we can prepare accordingly. We ask campers to bring approximately 16 days worth of *all medications* with them from home in individual bottles from the pharmacy (*not pre-poured*). We will continue to do our best to accommodate every child's needs. Children with developmental or behavioral problems may be eligible for enrollment in YAI's Project MAC, which runs concurrently with the kidney program - please contact us if you think this would be helpful to one of your potential campers.

In the last few years, we have seen a wonderful increase in the number of children coming to camp with successful transplants; we are trying to go "back to our roots" this year, and would like encourage teams to consider sending children who are currently on hemo- or peritoneal dialysis, as these are the children who often missed the most opportunities to "just be kids".

Please return the application materials by fax as soon as it is complete. The deadline for applications for this year is April 15, 2008. We want your pediatric kidney patients to have an enjoyable and rewarding camp 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 (718) 741-2424 if you have any questions or require any additional information.

Maureen Eisele, RN  
Clinical Coordinator

Maya Doyle, LCSW  
Social Work Coordinator  
Admissions

Frederick Kaskel, MD  
Medical Director



*Ruth Gottscho Dialysis  
and Children's Kidney Program*



**Camper Information**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
DOB \_\_\_\_\_ Age at camp: \_\_\_\_\_  Male  Female  
Parents/Legal Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Mobile Phone \_\_\_\_\_  
Emergency Pt. Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Family Email: \_\_\_\_\_  
SS#: \_\_\_\_\_

Please attach clear copies of all insurance cards

Modality:  Hemodialysis  Peritoneal Dialysis (CAPD)  Transplant  CKD

ESRD/CKD Diagnosis \_\_\_\_\_

Eneurisis  Catheterization  Injectable Meds (Epo, Insulin)

**Referring Children's Kidney Center**

Referring Unit Name: \_\_\_\_\_  
Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
MD/Nephrologist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
RN / Tx Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

**Session Preference:**

Resident Camp 1 June 29 - July 11, 2008  Resident Camp 2 July 13 - July 25, 2008  
 Resident Camp 3 July 27 - Aug 8, 2008  Resident Camp 4 Aug 10 - Aug 22, 2008



*Ruth Gottscho Dialysis  
and Children's Kidney Program*

**Financial Information**

All campers receive full scholarships sponsored by the Ruth Gottscho Kidney Foundation.

Families interested in making a contribution are welcome to do so.

In an effort to defray transportation costs and continue our program's ability to provide a mainstream camp experience for children with kidney disease, we ask that families complete and return the enclosed campership application from the American Kidney Fund. These forms can be returned directly to AKF or to our program with the initial application.

There is no fee for bus transportation this year. There will be several pick-up locations in the metro area. We will attempt to assist with any travel-related questions for those traveling from further away.

Please **FAX** all application materials to **(718) 652-3136** or mail to:

Maya Doyle, Summer Camp Coordinator  
Pediatric Nephrology  
Children's Hospital at Montefiore  
111 E. 210th Street  
Bronx, NY 10467

**Questions? Please call 718-655-1120 or email [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org)**



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Camper Name \_\_\_\_\_

### Checklist of forms for Camp Application

Please submit the following by April 15, 2007 :

- Camper information form
- Signed medical consent
- Signed photo consent
- Medical summary from nephrologist
- Frost Valley medical forms - completed by parents & MD
- Immunization record or sensitivities
- Social Work summary
- Copy of Insurance cards, Medicaid, and Medicare

**CAMPERS WILL NOT BE SCHEDULED UNTIL THIS INFORMATION IS RECEIVED.**

We cannot "reserve space" for children without this paperwork.

#### For Dialysis Patients

- Long & short term care plans
- Universal Transient Hemo or PD forms
- Dialysis consent form
- Hemodialysis flow sheets

In the two weeks prior to camp, we must also receive

- Transfer summary
- Copy of most recent lab values



*Ruth Gottscho Dialysis  
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**Consent for Release of Information**

Date \_\_\_\_\_

I, \_\_\_\_\_, consent to the release of medical information about my child, \_\_\_\_\_ from my healthcare provider to the Ruth Gottscho Dialysis and Children's Kidney Program, a division of the Children's Hospital at Montefiore.

\_\_\_\_\_  
signature of parent/guardian

**Permission for Diagnosis and Treatment**

Date \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give my permission to the medical and nursing staff of the Ruth Gottscho Dialysis and Children's Kidney Program at the Frost Valley YMCA, a division of the Children's Hospital at Montefiore, to provide medical and nursing care for the above minor. This permission includes medication administration, CAPD, or hemodialysis, for children receiving these forms of treatment.

\_\_\_\_\_  
signature of parent/guardian



*Ruth Gottscho Dialysis  
and Children's Kidney Program*



**Photo Consent**

Date\_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of

\_\_\_\_\_, hereby grant to:

**Children's Hospital at Montefiore,  
Frost Valley YMCA, and  
Ruth Gottscho Kidney Foundation,**

without compensation therefore, permission to photograph, publish, reproduce, record and use, with or without his/her name, photographs, motion pictures, video or audio of my child or in in which he/she appears, and permission to discuss his/her medical problems/diagnoses and treatment for any and all purposes, including but not limited to, publication and/or broadcast of this material for education, clinical, scientific, informational, advertising, and promotional and medical publicity purposes, and I release the aforementioned parties from any and all claims or liability that may arise from any of the foregoing. I agree that all photographs, motion pictures, video, and audio made of my child by or for the above-mentioned parties shall be their exclusive property, which in their discretion may be used as they see fit. I grant this permission and release as a voluntary contribution and I waive any and all rights I may have to royalties or other compensation in connection with any such publication or use.

\_\_\_\_\_  
signature/printed name of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
signature/printed name of minor subject,  
if old enough to understand

\_\_\_\_\_  
Date



*Ruth Gottscho Dialysis  
and Children's Kidney Program*

Medical Summary

Dear Physician:

Please provide a *detailed, typed* medical summary including ESRD/CKD diagnosis, history & physical, recent hospitalizations, recent labs, allergies & immunizations, current problems, and current medications. *Because patient safety is our priority, we must have thorough medical information in order to accept children at camp. Please submit medical summary before the April 15th deadline.* A brief transfer summary form will be provided and should be returned two weeks prior to child's camp attendance.

For dialysis patients, please provide recent URRs or Kt/V's, and describe any access problems. For transplant patients, please describe any chronic or acute rejection, or recurrence of underlying kidney disease.

Please describe any pertinent issues regarding coping, compliance, or behavior problems.

We will continue to do our best to accommodate the needs of every child.

If you have any questions regarding whether your patient is medically appropriate for camp, please contact Dr. Kaskel at 718-655-1120. All camp application materials should be faxed to 718-652-3136, Att: Maya Doyle.

Thank you.



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## *Ruth Gottscho Dialysis and Children's Kidney Program*

Summer 2008

We are pleased to inform you that your child, \_\_\_\_\_ has been accepted to the Ruth Gottscho Dialysis and Children's Kidney Program at Frost Valley YMCA for:

- Resident Camp 1 June 29 - July 11, 2008       Resident Camp 2 July 13 - July 25, 2008
- Resident Camp 3 July 27 - Aug 8, 2008       Resident Camp 4 Aug 10 - Aug 22, 2008

*Please note the following important instructions regarding your child's attendance:*

Please meet with your healthcare team to complete the enclosed transfer summary and other required forms, which should be faxed to (718) 652-3136 2-3 weeks prior to arrival at camp. Children without complete information will not be accepted, as this creates a safety risk for your child and for camp staff. We will also be contacting your healthcare team.

Enclosed you will also find a packet of information about Frost Valley, including information about bus transportation, and what your child should (and shouldn't) bring to camp with them. Frost Valley forms for email, horseback riding, etc., are also enclosed.

Children should arrive with a 16-day supply of all medications, which should be in the original labelled containers from the pharmacy, NOT pre-poured. Please let your pharmacy or homecare agency know about this requirement. **Please double-check ALL meds before your child boards the bus!** Prescriptions and any additional paperwork should be carried in a separate carrier and brought immediately to the dialysis/medical unit (please remind your child!). We must also have copy of immunization record prior to child's arrival at camp.

Please see additional information page for important reminders and for PD campers regarding delivery of supplies prior to camp. For your information, the general camp office number is (845) 985-2291 and the dialysis unit phone number is (845) 985-7190.

We do our best to accommodate every child's needs, so please let us know if you have any special concerns. We hope your child has an enjoyable experience and we rely on your assistance in these preparations. Feel free to contact us if you have questions prior to camp!

Maureen Eisele, Clinical Coordinator  
(718) 741-2424  
(from June 24 - August 24, call dialysis unit)  
(845) 985-7190

Maya Doyle, Social Work Coordinator  
(718) 655-1120  
Rhonda McNamara, Camp Registrar  
(845) 985-2291



*Ruth Gottscho Dialysis  
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## Transfer Summary

This form must be completed and signed by child's doctor **2 weeks prior to arrival** at camp. It must be faxed to (718) 652-3136 by the Tuesday prior to camp arrival.

Any additional paperwork, and all medications, should be carried in a separate piece of luggage and brought directly to the dialysis/medical unit. Please contact us at (845) 985-7190 if there are any acute changes in child's condition or medications.

Modality:  Hemodialysis     Peritoneal Dialysis (CAPD)     Transplant     CKD

Name of Camper \_\_\_\_\_ D.O.B. \_\_\_\_\_

Referral Source \_\_\_\_\_ Phone number \_\_\_\_\_

Parent's name \_\_\_\_\_ Phone number \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

### Significant Medical History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

### Additional Orders/Diet:

\_\_\_\_\_

Vital Signs - Date \_\_\_\_\_

Weight (dry) \_\_\_\_\_ Temperature \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Heart Rate \_\_\_\_\_

Immunizations up to date?  Yes     No

Please complete attached medication list - fax one copy to camp coordinator and send one copy packed with 2 week supply of ALL medications with your child.



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**For Hemodialysis**

Please attach universal transient hemodialysis forms and dialysis consent form.  
and 3-5 most recent dialysis flow sheets.

**For Peritoneal Dialysis:**

Please note that children who usually perform CCPD at home must be trained  
how to perform CAPD prior to attending camp.

Please attach universal transient peritoneal dialysis forms and dialysis consent form, and  
recent PD flow sheet from home

**For Transplant**

Date of Transplant \_\_\_\_\_ Recent Creatinine \_\_\_\_\_

History of acute and/or chronic rejection

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**\* \* \* \* For all patients, please attach a copy of most recent serum chemistries. We  
must also have copy of immunization record and documentation of Hepatitis B status  
prior to child's arrival at camp. \* \* \* \***

Medical Clearance

It is my professional opinion that the above named child is medically stable, and suitable to  
participate in resident camp activities.

Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

Phone \_\_\_\_\_





*Ruth Gottscho Dialysis  
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*Important Reminders for Everyone*

For your information, the general camp office number is (845) 985-2291 and the dialysis unit phone number is (845) 985-7190.

Medications:

Children should arrive with a 16-day supply of all medications, which should be in the **original labelled container from their home pharmacy, NOT prepped**. Please pack a copy of medication list with meds, and please include home pharmacy contact information.

Let us know about any special needs or concerns **before** your child arrives at camp.

*For PD campers!*

- 1) Be sure to review **CAPD technique** with your nurse prior to arriving at camp. Our nurses will be there to help and teach you, but training and practicing ahead of time is **VERY** important.
- 2) **Contact your supplier** (Baxter, Fresenius) several weeks ahead of time and let them know that you need 14-16 days worth of dialysis fluid & supplies delivered to camp.

The address is:

**Ruth Gottscho Dialysis Unit  
Frost Valley YMCA  
2000 Frost Valley Road  
Claryville, NY 12725-9600  
Phone (845) 985-7190 or (845) 985-2291**

Other questions, please call 718-655-1120.

*We can't wait to see your camper!*

Maureen Eisele, RN  
Clinical Coordinator

Maya Doyle, CSW  
Social Work Coordinator

Frederick Kaskel, MD  
Medical Director