



NATIONAL KIDNEY
FOUNDATION®
of Michigan

Kids
Camp

MEDICAL CLEARANCE & TREATMENT FORM

Registration Deadline: June 30, 2024



TO PARENTS/GUARDIANS:

The Medical Clearance & Treatment Form must be completed by your child's nephrologist or primary care physician and submitted to the National Kidney Foundation of Michigan in order to participate in Kids Camp. No exceptions. **This form must be submitted by June 30, 2024.**

ONLINE

Upload completed form and any attachments to your child's CampDoc camper profile.

FAX

1-833-292-6778

EMAIL

kidscamp@nkfm.org

TO NEPHROLOGIST OR PRIMARY CARE PHYSICIAN:

The Kids Camp Program and its activities are intended to be both fun and safe for our campers. To achieve this, we need as much information as possible regarding a child's current medical/treatment status.

A basic level of physical and mental capacity is required for the child to attend camp. Recreational activities can be adapted to an individual child's needs. Examples of these activities include but are not limited to arts & crafts, swimming, hiking, biking, ropes courses, and climbing walls. **We require your input as to whether the child is eligible to participate in the Kids Camp Program and if there are specific recommendations to accommodate the child's physical, mental, and emotional needs.**

Listed below is guidance from a consortium of pediatric nephrologists from across the state of Michigan who have experience working within the Kids Camp Program. Please use these guidelines when evaluating the child's eligibility to attend camp:

- Transplant patients having received transplant <6 months ago are advised to refrain from attending camp due to risk of infection.
- Transplant patients having received rejection treatment <3 months prior to camp may not be eligible to attend camp, as determined by their primary nephrologist.
- Transplant patients <1 year from transplant are advised to refrain from swimming in lake water.
- Patients with tunneled hemodialysis catheters and peritoneal dialysis catheters are restricted from swimming.
- Patients with nephrotic syndrome who are in relapse are advised to refrain from attending camp.
- Dialysis patients who are unstable/brittle/fragile are advised to refrain from attending camp.

For a complete picture of the child's current state of health, please submit the last clinic note or a comprehensive summary of the child's care with this form to NKFM.



TO BE COMPLETED BY NEPHROLOGIST OR PRIMARY CARE PHYSICIAN:

Name of Child: _____

Sex: M F Date of Birth: ____/____/____

Date of last office visit: ____/____/____

Height: Weight: Blood Pressure: Heart Rate: _____

Treatment Modality: *Please provide additional treatment information in the appropriate section below*

CAPD/CCPD CKD/Pre-ESRD Hemodialysis Transplant

Is child currently on the Transplant Waiting List? Yes No

Primary Renal Diagnosis: _____

Past Pertinent Medical History: _____

HEMODIALYSIS

NOTE: Hemodialysis is performed ONE TIME during the camp week at a nearby clinic. A nurse from this clinic will contact the camper's home clinic for additional treatment information.

Dialysis start date: ____/____/____

Access: CVL Fistula _____ *fistula location*

Treatment Days: _____ Hours: _____

Dry Weight (kg): _____ Average Weight Gain (kg): _____

Complications during hemodialysis?: _____



Name of Child: _____

PERITONEAL DIALYSIS

NOTE: Peritoneal dialysis is performed FOUR TIMES A DAY by experienced nurses at Camp Copneconic. Peritoneal dialysis supplies should be sent directly to Camp Copneconic. Contact NKFM for questions.

Type: CAPD CCPD Dialysis start date: _____/_____/_____

Target/Dry Weight (kg): _____

Name of Cyclor/System: _____ Cap Size: _____

Dialysate Solution Type: _____ Additives: _____

Fill Volume (mL): _____ Last Fill: _____ Total Volume: _____

#Cycles: _____ Total # Hours: _____ Dwell Time: _____

Exit Site Care: _____

TRANSPLANT

Type: Cadaveric Living

Date of Transplant: _____/_____/_____

Rejection episode in past 6 months? Yes No

If yes, date and treatment: _____



Name of Child: _____

CAMP ACTIVITIES: *Please check all boxes that apply:*

- No activity restrictions**
- No strenuous activities:** *May participate in limited activities and rest occasionally*
- Sedentary activities only:** *Must rest frequently; may participate in sedentary activities only such as arts & crafts*
- No contact sports due to medical risk or equipment**
- Child should not be around animals due to medical concerns**
- Child will need transport around camp** *(golf cart)*

Swimming: *May the child participate in swimming activities in a fresh-water lake?* Yes No

Additional comments/concerns/recommendations:

PHYSICIAN SIGNATURE REQUIRED:

Your signature verifies the above information to be current and accurate. Thank you!

Physician Name: _____

Hospital/Affiliation: _____

Phone: _____

Physician Signature: _____ **Date:** _____

****Parent/Guardian: Submit completed form and attachments to NKFM via CampDoc, fax, or email.****