

## **What is Camp Reynal?**

Camp Reynal is a weeklong overnight camp for campers 8-16 years old with chronic kidney and urological disease. Along with the campers and counselors, we have a large medical staff to meet the medical needs of all our campers. You are receiving this application because your child/teen is a candidate for camp.

## **What Do We Do At Camp?**

Campers participate in fun activities such as:

- Horseback riding
- Cooking
- Canoeing
- Arts and Crafts
- Swimming
- Ropes Course/Zip Line
- Fishing
- and much more!

## **Medical Care and Medications**

A medical team consisting of physicians and nurses provide medical supervision 24 hours a day. The dispensing of medicine is very closely monitored as prescribed by your child's physician. Children are required to bring their own medications to camp.

## **Your Cost**

There is no cost to attend Camp Reynal. Funding is provided by grants and sponsors.

## **Enrollment is limited!**

### **Please note a few things:**

- **Your application is not considered complete until ALL sections are filled out and signed.**
- To apply to participate in Camp Reynal, the parent or legal guardian must complete and return this Application Packet. The Application Packet must include:
- A complete and accurate Camper Application, containing all required information and attachments signed by the applicant's parent or legal guardian.
  - A Completed Medical Background Form.
  - An Acknowledgement of Behavior Policy Form signed by the applicant **and** parent or legal guardian.
  - A Conditions of Participation Form signed by the applicant's parent or legal guardian.
  - An Assessment by Primary Treating Physician Form, completed and signed by Physician.
  - A copy of the applicant's current health insurance card or other documentation of the applicant's enrollment in health insurance coverage.

STAPLE PHOTO HERE



C · A · M · P  
**REYNAL**

Date Received \_\_\_\_\_

**CAMPER APPLICATION**

**APPLICATION DEADLINE: MARCH 11, 2016**

**A. GENERAL INFORMATION**

NAME OF CAMPER \_\_\_\_\_

Last

First

Middle

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERS TO BE CALLED \_\_\_\_\_ PARENT'S EMAIL ADDRESS \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Sex(circle one) Male / Female Height \_\_\_ft \_\_\_in Weight \_\_\_\_\_

**T-Shirt Size**(circle one) **Youth** S M L XL **OR** **Adult** S M L XL XXL

**B. PARENT/GUARDIAN INFORMATION**

Camper lives with (circle one) Mother / Father / Both Other \_\_\_\_\_

Do camper's parents/guardians live together? (circle one) Yes / No

Are there any custody or visitation restrictions? If so, describe:  
\_\_\_\_\_

**Mother's/Guardian's Name** \_\_\_\_\_

Mother's Address (if different from above) \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father's/Guardian's Name** \_\_\_\_\_

Father's Address (if different from above) \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**C. EMERGENCY CONTACT INFORMATION IN ADDITION TO PARENTS/GUARDIANS**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**D. PHYSICIAN INFORMATION**

Primary Care Physician (PCP): Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Nephrologist: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**E. HISTORY OF RENAL DISEASE**

- 1) When was your child first diagnosed? \_\_\_\_\_
- 2) Has your child been in the hospital the past 6 months? (circle one) YES / NO
- 3) Who is responsible for giving your child's medication at home?  
\_\_\_\_ Child \_\_\_\_ Parent \_\_\_\_ Both

**F. HISTORY OF ALLERGIES**

Is your child allergic to any MEDICATION? (Penicillin, sulfa, etc.)? Yes\_\_\_\_ No\_\_\_\_

If yes, please list:

Medication Name	What happens?

Is your child allergic to any FOODS? Yes\_\_\_\_ No\_\_\_\_

If yes, please list:

Food Name	What happens?

Is your child allergic to any ANIMALS? Yes\_\_\_\_ No\_\_\_\_ (Please note allergy to horses.)

If yes, please list:

Animal	What happens?

Is your child allergic to any INSECTS? Yes\_\_\_\_ No\_\_\_\_

If yes, please list:

Insect	What happens?

DOES YOUR CHILD USE AN EPIPEN? \_\_\_\_\_ WHAT FOR? \_\_\_\_\_

**G. TRANSPLANT/DIALYSIS**

Does your child have a functioning kidney transplant? Yes\_\_\_\_ No\_\_\_\_ Date transplanted \_\_\_\_\_

Is your child on Dialysis? Yes \_\_\_\_ No \_\_\_\_

If **yes**: Hemodialysis \_\_\_\_ Peritoneal Dialysis \_\_\_\_

If **PD**: CCPD \_\_\_\_ Machine type (Baxter/Fresinus) \_\_\_\_\_ CAPD \_\_\_\_

Dialysis Solution used: \_\_\_\_\_

Permission to swim by PD nurse/MD? Yes \_\_\_\_ No \_\_\_\_

If **no**, why? \_\_\_\_\_

**H. SPECIAL NEEDS**

Does your child require bladder catheterizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: How often \_\_\_\_\_

Catheter Type \_\_\_\_\_

Self Cath \_\_\_\_\_ Needs Assistance \_\_\_\_\_ Needs Reminding \_\_\_\_\_

**\*\*\*Please bring all supplies necessary to care for your child's bladder habits.\*\*\***

Does your child have any special bowel procedures? (enemas, colostomy, etc.)

**\*\*\*Please bring all supplies necessary to care for your child's bowel habits.\*\*\***

Does your child wear diapers/pull-ups? (circle one) Yes / No Night only? \_\_\_\_\_ Day & night? \_\_\_\_\_

**\*\*\*Please bring all diapers/pull-ups for a week away from home, send extra.\*\*\***

Are there any special routines your child has for taking medications or injections?

Does your child need assistance: (circle)

Bathing Walking Toileting Feeding

**I. DIET INFORMATION**

**Special Diet:** \_\_\_\_\_

Tube Feedings (circle one) Yes / No Oral Supplements (circle one) Yes / No

Supplement/formula type: \_\_\_\_\_

**\*\*\*Please bring all supplies necessary to give extra nutritional needs.\*\*\***

**Fluid Restrictions (circle one) YES NO**

**J. CHILD LIFE**

Has your child ever slept away from home and parents? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, were there any problems? \_\_\_\_\_

Has your child attended Camp Reynal before? Yes \_\_\_\_\_ No \_\_\_\_\_ If **yes**, how many times? \_\_\_\_\_

Has your child ever been to an overnight camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, were there any problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, explain:

Do you expect your child to be homesick at Camp Reynal?

Does your child feel embarrassed to talk about his/her diagnosis? Yes \_\_\_\_\_ No \_\_\_\_\_

**K. TRAVEL INFORMATION**

Will your child ride the bus **to and from** camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, from which hospital? (circle one)

Children's Dallas Cook Children's Fort Worth San Antonio

If **no**, how will your child get **to and from** camp? \_\_\_\_\_

**L. OTHER INFORMATION**

Specifically, does your child have any of the following issues?

- |                            |              |   |              |
|----------------------------|--------------|---|--------------|
| Seizures                   | Yes___ No___ | Sleep Apnea                                 | Yes___ No___ |
| Depression                 | Yes___ No___ | Sleep with CPAP/BIPAP                       | Yes___ No___ |
| Diabetes                   | Yes___ No___ | Heart Disease                               | Yes___ No___ |
| Fainting                   | Yes___ No___ | <b>Bedwetting</b>                           | Yes___ No___ |
| <b>Discipline Problems</b> | Yes___ No___ | Sleepwalking                                | Yes___ No___ |
| Constipation               | Yes___ No___ | Learning Disability/<br>Developmental Delay | Yes___ No___ |
| ADHD/Hyperactivity         | Yes___ No___ | Obsessive Compulsive<br>Disorder            | Yes___ No___ |
| Visually impaired          | Yes___ No___ |   |              |
| Hearing impaired           | Yes___ No___ |   |              |

Are there any other medical issues or conditions your child has that the camp should know about? Yes\_\_\_ No\_\_\_  
If **yes** to any of the above questions, explain here (including use of glasses, hearing aids, wheelchair, etc.):

Are your child's immunizations up to date? (circle one) Yes / No **\*Please provide an up-to-date immunization record.\***

*Is there anything else you feel camp staff should know about your child (serious fears, recent stressful events, bedtime routine, etc.)?* Yes\_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

**NOTE: Please submit a copy of your insurance card with your application.**

# CONDITIONS OF PARTICIPATION

AS THE PARENT OF A CAMP REYNAL PARTICIPANT, I AGREE TO THE FOLLOWING:

1. Camp Reynal accepts no responsibility for the loss, damage or theft of any property.
2. The undersigned understands the importance of and assumes responsibility for notifying Camp Reynal of any changes in the information contained herein, such as work and home phone numbers, work location, emergency contacts, medical information, etc.
3. Should the emergency contact listed on the Camper Application leave his/her place of residence during the camp session, the camp administration will be notified of where he/she can be contacted in case of emergency.
4. All information regarding campers, counselors and staff is highly confidential.
5. **I, THE UNDERSIGNED, HAVE REPRESENTED AND DO REPRESENT THAT I HEREBY AGREE TO HOLD HARMLESS, CHILDREN'S MEDICAL CENTER OF DALLAS, COOK CHILDREN'S MEDICAL CENTER, DRISCOLL CHILDREN'S HOSPITAL AND CHRISTUS SANTA ROSA CHILDREN'S HOSPITAL, THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, NATIONAL KIDNEY FOUNDATION SERVING TEXAS, CAMP REYNAL, AND CAMP JOHN MARC, AND THEIR OFFICERS, DIRECTORS, AGENTS, CONTRACTORS, VOLUNTEERS OR EMPLOYEES FOR ANY AND ALL LIABILITY OF ANY NATURE (I) OCCURRING WHILE MY CHILD IS ATTENDING CAMP REYNAL AND/OR GROWING OUT OR RESULTING FROM ANY INJURY TO, SICKNESS OF, AND/OR DAMAGE TO MY CHILD OR THE UNDERSIGNED RELATING IN ANY WAY TO THE PRESENCE AT, OR USE OF FACILITIES, OR PARTICIPATION IN THE ACTIVITIES OF, CAMP REYNAL, NATIONAL KIDNEY FOUNDATION, AND CAMP JOHN MARC, OR (II) CAUSED, IN WHOLE OR IN PART, BY ANY ACT OR OMISSION OF SAID ORGANIZATIONS, OR THE AGENTS, CONTRACTORS, OR EMPLOYEES OF ANY OF THESE ORGANIZATIONS. I FURTHER RELEASE AND WAIVE ANY AND ALL CLAIMS FOR DAMAGES THAT WE MAY HAVE OR MAY HEREAFTER ACQUIRE DUE TO THE USE OF THE FACILITIES OF CAMP REYNAL, NATIONAL KIDNEY FOUNDATION SERVING TEXAS, AND CAMP JOHN MARC. THE FOREGOING PROVISION APPLIES TO ALL ACTIVITIES CONNECTED WITH CAMP REYNAL INCLUDING, BUT NOT LIMITED TO, ACTIVITIES ON THE CAMPGROUND PROPERTY AND THE PONY FARM, CANOEING, AND ANY AND ALL OTHER OFF-CAMPGROUND ACTIVITIES PLANNED IN ACCORDANCE WITH MY CHILD'S ATTENDANCE AT CAMP REYNAL.**
6. I (we) am the parent or legal guardian of a child who is planning to attend Camp Reynal (the "Camp") through the auspices of the National Kidney Foundation during the 2016 year. In connection with the services to be provided by Camp John Marc and the National Kidney Foundation, I (we) agree to release Camp John Marc and the National Kidney Foundation and their officers, directors, employees, servants, agents and assigns from any and all claims for personal injury, property damage or any other nature which might arise from any and all claims from my (our) use or my (our) child's use of the Camp. I (we) further agree to refrain from instituting, pursuing or aiding any claim, demand or cause of action against any of the aforementioned entities growing out of, or hereinafter to grow out of my (our) use or my (our) child's use of the Camp.
7. The undersigned acknowledges and agrees that admission to Camp Reynal as a camper is a privilege that carries with it many responsibilities. Camp Reynal expects campers to participate, to the extent possible, in the activities of the camp and to co-exist in a cooperative spirit. Campers found with alcohol, illegal drugs, or weapons will be immediately dismissed. In addition, should a behavior or discipline problem affect the camp operations or other campers' enjoyment of Camp Reynal, the undersigned acknowledges Camp Reynal's right to dismiss those campers responsible for such disruption.

8. The undersigned acknowledges and agrees that attendance at Camp Reynal represents your understanding and acceptance of the rules and responsibilities set forth herein.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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

# ACKNOWLEDGEMENT OF BEHAVIOR POLICY

<b>Policy:</b>	Management of camper behavior problems at Camp Reynal.
<b>Objectives:</b>	1. Provide a quality experience for all campers and volunteers. 2. Decrease the risk of injury to campers and staff. 3. Outline steps for management of extreme behavior problems.
<b>Implementation</b>	The staff may identify problem behavior as conduct that is disruptive to others at camp or appears harmful to other campers. The following lists specific examples of those behaviors, followed by intervention the staff may take to provide a solution to the problem in order to reach the given objectives.
<b>Examples of Minor Problems:</b>	Teasing, calling names, talking back to staff, failure to cooperate, speaking out of turn, interrupting.
<b>Examples of Major Problems:</b>	Kicking, hitting, biting, throwing things, spitting, taking other camper's belongings, pushing, dunking in the pool, etc.
<b><u>Strike I</u></b>	<i>Intervening Staff: Cabin Counselors</i>
<b>Course of Action:</b>	Call the behavior to the camper's attention. Inform the camper of the consequences, if the behavior continues (i.e., time out). Redirect the camper's attention.
<b><u>Strike II</u></b>	<i>Intervening Staff: Counselor, Child Life Specialist, Camp Director, Counselor Coordinator</i>
<b>Course of Action:</b>	Possible sit-out. Staff explains to the camper that because s/he has continued the behavior, s/he will sit out of the group for several minutes or the remainder of the activity. A call will be made to the child's parent or legal guardian. Parent/Guardian will be asked for assistance in redirecting child's undesirable behavior.
<b><u>Strike III</u></b>	<i>Intervening Staff: Child Life Specialist, Counselor Coordinator, Camp Director, Camp Reynal Program Director</i>
<b>Course of Action:</b>	Child will be sent home. A child is given two opportunities for behavior modification. If the inappropriate behavior is repeated after the call home, the parent or legal guardian will be called to have the child picked up.

WE HAVE READ, DISCUSSED AND AGREE TO THE ABOVE BEHAVIOR POLICY FOR CAMP REYNAL.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



# GENERAL AUTHORIZATIONS

## **PERMISSION TO PARTICIPATE IN CAMP ACTIVITIES**

I hereby give permission for my child to attend Camp Reynal from May 29, 2016 to June 3, 2016. I understand that attending Camp Reynal includes sleeping, eating, engaging in activities, and receiving dialysis treatment, if applicable. I understand that my child may take part in certain physical activities offered by Camp Reynal, including: wilderness programs, fishing, sports and games, horseback riding, swimming and other water activities, and the ropes course.

I do not authorize my child to participate in: \_\_\_\_\_

## **AUTHORIZATION TO PROVIDE MEDICAL TREATMENT**

I authorize the Camp Reynal medical staff to provide (check one): Hemodialysis \_\_\_\_\_/Peritoneal Dialysis \_\_\_\_\_/Other medical treatment (describe) \_\_\_\_\_ to my child while he/she is at Camp Reynal. I understand that an attending physician and dialysis personnel will be assigned to my child.

I understand that the attending physician assigned to my child will determine the times and prescription for my child's dialysis or other Medical Treatment and my child's medication and dialysis treatment may be changed during his/her week at Camp Reynal. I hereby authorize the attending physician and dialysis personnel to change my child's medication and dialysis treatment, if it is considered to be appropriate.

**I AM AWARE THAT HEMODIALYSIS/PERITONEAL DIALYSIS, LIKE MANY TREATMENTS IN MEDICINE, IS NOT PERFECT AND DOES NOT FULLY REPLACE ALL FUNCTIONS OF A NORMAL KIDNEY. I UNDERSTAND THAT CERTAIN KNOWN AND UNKNOWN RISKS AND ADVERSE SIDE EFFECTS ARE ASSOCIATED WITH THE USE OF HEMODIALYSIS/PERITONEAL DIALYSIS. I ASSUME ALL RISKS IN CONNECTION THERETO, AND I RELEASE AND AGREE TO DEFEND AND HOLD HARMLESS CAMP REYNAL AND NATIONAL KIDNEY FOUNDATION, AND THEIR OFFICERS, DIRECTORS, AGENTS, CONTRACTORS, VOLUNTEERS AND EMPLOYEES, FROM ALL LIABILITY, CLAIMS AND CAUSES OF WHATSOEVER NATURE, WHICH MAY ARISE OUT OF, OR RESULT FROM, THIS TREATMENT OR PROCEDURE.**

## **CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In case my child needs emergency medical or surgical care and treatment during his/her stay at Camp Reynal, I consent for Camp Reynal to render or arrange for any x-rays, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that Camp Reynal deems necessary. **I ACKNOWLEDGE AND AGREE THAT I AM RESPONSIBLE TO PAY FOR ANY AND ALL EMERGENCY MEDICAL ATTENTION REQUIRED BY MY CHILD, WHICH EXCEEDS THE MEDICAL TREATMENT AUTHORIZED ABOVE. I ALSO AGREE TO INDEMNIFY AND HOLD CAMP REYNAL AND NATIONAL KIDNEY FOUNDATION AND THEIR OFFICERS, DIRECTORS, AGENTS, VOLUNTEERS, CONTRACTORS AND EMPLOYEES HARMLESS FROM ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, JUDGMENTS, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING FROM EMERGENCY MEDICAL TREATMENT SOUGHT AND PROVIDED TO MY CHILD.**

## **PERMISSION TO APPLY SUNSCREEN**

I authorize any staff at Camp Reynal to apply sunscreen to my child, for protection from the sun when needed.

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

## **PERMISSION FOR USE OF PHOTOGRAPH**

I hereby voluntarily authorize the use or disclosure of my child's name and photographic images in hard copy and electronic format ("Photographs") as described in this authorization form (this "Authorization") from Camp Reynal, National Kidney Foundation and any of its authorized agents and/or any other personal representatives to the general public (the "Public").

Camper's Name: \_\_\_\_\_ (the "Camper")

The Photographs may be used or disclosed to the Public in brochures, newsletters, informational materials, news stories, media releases, print media and other materials in any format for the purposes of marketing, fundraising and general publicity on behalf of Camp Reynal and National Kidney Foundation.

I understand that I may refuse to sign this Authorization, and that my child's health care treatment and attendance at Camp Reynal will not be conditioned upon signing this form. I understand that my child's Photographs may not be protected by federal privacy regulations. I also understand that I may revoke this Authorization at any time by notifying Camp Reynal and the National Kidney Foundation in writing, but such revocation will not have effect on any actions Camp Reynal took before the receipt of the revocation of this Authorization. I understand that I may see the Photographs described in this Authorization, if I request to do so in writing.

(Form MUST be completed before signing)

\_\_\_\_\_  
Signature of parent/Legal Guardian of Camper

Date \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

Relationship to the individual: \_\_\_\_\_

**PERMISSION TO CONTACT CAMPER**

I hereby give permission for representatives of Camp Reynal and the National Kidney Foundation to contact me, on behalf of my child, by mail, e-mail or telephone in order to provide me and my child with information regarding activities, services, and programs of any type that involved Camp Reynal and/or the National Kidney Foundation.

Camper's Name: \_\_\_\_\_ (the "Camper")

\_\_\_\_\_  
Signature of parent/Legal Guardian of Camper

Date \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

Relationship to the Individual: \_\_\_\_\_

I agree that I have read and understand the terms and agreements listed herein and this Camper Application. I agree that the information set forth in this Camper Application is correct and agree to comply with the policies and procedures of Camp Reynal set forth in this Camper Application.

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

## ASSESSMENT BY PRIMARY TREATING PHYSICIAN

*(This assessment must be completed by the primary treating physician of the applicant)*

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Office Number: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
Emergency Number: \_\_\_\_\_ Treatment Center: \_\_\_\_\_  
Hospital/Institution affiliation of physicians: \_\_\_\_\_  
Name and phone number of dialysis unit and/or clinic where regularly seen: \_\_\_\_\_

How long have you treated this child? \_\_\_\_\_  
Cognitive level of child: Age appropriate: \_\_\_\_\_ Lower for age: \_\_\_\_\_  
How well does this child relate to other children his/her age? \_\_\_\_\_

Are you aware of any behavioral problems? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Are there any specific issues related to this child's coping with their illness? \_\_\_\_\_

Do you believe this child can function at camp with minimal assistance (2-3 counselors per 7-8 campers)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If child requires additional assistance, please describe: \_\_\_\_\_

Do you believe this child will require one-on-one counselor care for the entirety of camp? Yes \_\_\_\_\_ No \_\_\_\_\_

To your knowledge, is this child at risk for endangering themselves or others? \_\_\_\_\_

Recent Hepatitis B Antigen Result: \_\_\_\_\_ Date: \_\_\_\_\_

Last Peritonitis Treatment Date: \_\_\_\_\_

Will child be under treatment at camp? \_\_\_\_\_

Please provide orders for antibiotics if treatment is necessary at camp.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed name(s) of Primary Nurse, Child Life Specialist, and/or Social Worker who assisted with application: \_\_\_\_\_