

Kappa Kidney Camp Application

Dear Parent, Guardians and Medical staff:

We are looking forward to another great week at Kappa Kidney Camp! Enclosed is the Kappa Kidney Camp application form. The following are instructions for completing the camp application form.

Deadline for registration is Friday, June 24!

Step 1: Parents: Please complete the **Registration – Identifying Information** section of the camp application carefully and completely. All information provided on this form will remain confidential and will be used by the Kappa Kidney Camp volunteer medical staff and camp staff only when deemed appropriate. **Please PRINT clearly.**

Step 2: Parents: read and sign the 3 enclosed waiver forms – **General, Camp Willson, and Horse-back Riding** (as you see fit) that are with the camp application.

Step 3: Parents: copy your child/teen's insurance, Medicaid, and BCMH card/award letter. **Enclose this insurance information with the camp application.**

Step 4: Parents: complete the Medication form. **Mail the entire package of camp forms, waivers, and insurance information to your child's kidney doctor.**

Step 5: The child/teen's kidney doctor and nurse should read, complete and/or sign the following camp application forms:

- 1) Medical form (all campers)
- 2) Medication form (all campers), parents complete/ RN verifies/ MD signs.
- 3) Hemodialysis form & instruction sheet (hemodialysis patients)
- 4) Peritoneal dialysis form & instruction sheet (CAPD/CCPD patients)

Step 6: Once the entire camp application is complete, the doctor's office should mail it directly to the address below. WE CANNOT ACCEPT THE CHILD/TEEN FOR KAPPA KIDNEY CAMP WITHOUT THE ENTIRE CAMP APPLICATION FORMS COMPLETED. Completion of this application does not guarantee admittance into Kappa Kidney Camp; the camp committee will review the camp application to determine eligibility and acceptance into the camp program. The deadline for receiving camper applications is **Wednesday, June 24, 2009**

Once the child/s doctor has completed their sections, the entire completed camp application should be mailed to the address below by Wednesday, June 24, 2009:

Mrs. Lisa Cassell
2382 Shrewsbury Road
Upper Arlington, OH 43221

Questions? **Feel free to contact Bill Metzger, Kappa Kidney Camp Committee Chair, at (614) 579-6469.**

SECTION ONE*Camper Registration - Identification Information – 200***

NAME: _____
FIRST (NICKNAME) MIDDLE INITIAL LAST

Home Address: _____
street address county: _____
_____ city state zip code

Name of Parent / Guardian: _____

Address, if different from above: _____

e-mail: _____ Parent's Cell phone: _____

Home Phone: () Work Phone: ()

Best Time & Phone Number To Contact you: _____

Alternate Emergency Contact: please provide name, relationship, telephone #

_____ Name relationship telephone

DATE OF BIRTH: / / **Age:** _____ **HEIGHT:** _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ **WEIGHT:** _____

Language spoken: English _____ Spanish _____ Other _____

CIRCLE THE CURRENT TREATMENT TYPE:

HEMODIALYSIS **CCPD** **CAPD** **TRANSPLANT**

PRIMARY INSURANCE: _____

ID / Policy # : _____ **GROUP # :** _____

NAME OF POLICY HOLDER: _____
Phone: _____

SECONDARY INSURANCE: _____

ID / Policy # : _____ **GROUP # :** _____

NAME OF POLICY HOLDER: _____
Phone: _____

****SEND COPIES OF INSURANCE CARDS WITH APPLICATION****