

Kappa Kidney Camp 2011



Recreation Unlimited Consent Form

Camper Name: _____ is permitted to attend the Kappa Kidney Camp organized by the National Kidney Foundation Serving Ohio held at Recreation Unlimited in Ashley, Ohio.

I give consent for the National Kidney foundation Serving Ohio and Kentucky to provide the following:

1. Transportation to and from camp for hemodialysis during the camp week, as well as to Off-site activities.
2. Medical staff consisting of nephrologists, nurses and dialysis technicians to administer medications, medical treatment, including but not limited to hemodialysis and peritoneal dialysis.
3. Lay staff, to supervise planned activities that will include, but are not limited to arts and crafts, swimming, boating, softball, hiking, basketball, tennis, and fishing.

I understand that:

1. Camp is operated by Recreation Unlimited and not by the National Kidney Foundation Serving Ohio and Kentucky.
2. Meals will be planned, prepared and provided by Recreation Unlimited.
3. Sleeping accommodations will be in cabins maintained and operated by Recreation Unlimited.
4. Hemodialysis treatments will be provided to all hemodialysis campers at a dialysis facility.
5. Facilities to treat patients' Hepatitis B surface antigen positive or HIV positive are not available. Children with active chicken pox are not eligible to attend Camp.
6. It is the responsibility of the parent/legal guardian to provide transportation to and from Camp.

I give permission for the camper to take part in these activities unless otherwise noted in writing. I also acknowledge and understand the above stated conditions and circumstances.

I agree to hold harmless Recreation Unlimited, its' agents and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at an activity on or off the camp premises. I do not hold harmless Recreation Unlimited from any liability or injury arising out of negligence of Recreation Unlimited.

I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Names of anyone NOT permitted to see or pick up my child:

Signature of Camper: _____

Date: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Complete and return by May 12, 2011 to:

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