



Kidney Camper Registration

First Name:		Last Name:	
Nickname:		Gender Identity:	
Birth Date:		Age at camp:	Grade this fall:
Parent/Guardian:			
Address:			
City:		State:	Zip Code:
Contact/Phone:			
Contact/Phone			
Emergency Contact/Phone			
Email (very important! If family does not have email, please provide email of someone who can contact you - friend, family, social worker - so that CampDoc forms can be completed online)		Email:	

Type of Camper: Dialysis (Circle: Hemo or PD) Transplant CKD >Stage 3:

Dialysis Access: _____ Dialysis Schedule: MWF TuThSat Other

ALLERGIES: _____

Bedwetting Catheterization Injectable Meds (Epogen, Insulin, Growth Hormone)

Medical Center:			
	Name	Phone	Email
Nephrologist			
Dialysis RN /Transplant Coord.			
Social Worker			
Other provider			
Pharmacy			

Session Preference (Circle)	Bus transportation needed (check):
<input type="radio"/> Resident Camp 1: June 30 – July 12, 2019 (all dialysis campers)	<input type="radio"/> Manhattan 460 34th Street
<input type="radio"/> Resident Camp 2: July 14 – July 26, 2019 (transplant and CKD campers only, no dialysis)	<input type="radio"/> Brooklyn 225 Atlantic Ave.
<input type="radio"/> No Preference	<input type="radio"/> Montclair High School (NJ)
	<input type="radio"/> Newark
	<input type="radio"/> Not needed - DRIVING

