

11/1/2019



Dear Kidney Families,

Kidney Kids Camp is a safe, fun and life-changing camp designed especially for children with kidney disease and their siblings and we would love to see your child there. At camp, Kidney Kids spend a rewarding four days away together building confidence and self-esteem through a series of fun peer-networking activities, while laughing and creating new life-long friendships.

We are excited to visit Lord Somers Camp on the Mornington Peninsula in Victoria for the 2019 Kidney Kids Camp.

Dates: 29 May to 2 June 2019
Venue: Lord Somers Camp
Cnr Parklands Avenue and Lord Somers Road
Somers, Victoria 3927
Website: www.lordsomerscamp.com

Lord Somers host a full range of activities and programs to keep any mind and body active including arts and crafts, bush walks, basketball, kayaking, dancing, painting, surfing, swimming, stand up paddleboards, volley ball and many more. Kidney Health Australia will work with Lord Somers to tailor a program that will motivate, connect and engage all participants.

Applications

Enclosed in this application book you will find:

- Application Form
- Medical Form

Due to high demand for places on camp we may not be able to accommodate all applications for camp this year and priority will be given to children with kidney disease before considering applications for siblings.

The closing date to apply for camp is **Thursday 28 February 2019**.

To be considered for camp, the application booklet must be completed in full by the closing date and returned to:
Kidney Kids Camp
Kidney Health Australia
GPO Box 9993
Melbourne VIC 3001

Medical Needs

Please complete the supporting medical application which includes necessary medical details and medications required for camp. We recommend you speak to your child's medical team if you are unsure of any of the information.

Please email me (kids@kidney.org.au) if you have any questions about the Kidney Kids Camp or application book.

We look forward to welcoming old and new friends. Lots of fun, activities and new friends await you at the 2019 Kidney Kids Camp.

Kind regards
Sarah Baldacchino
Children's Programs Manager
Kidney Health Australia

Kidney Kids Camp Application Form

Please complete all sections of this application form by the closing date, **Thursday 28 February 2019**. Only completed applications will be considered a place at camp in 2019. If you have any questions regarding this form, please contact Sarah Baldacchino, Children's Programs Manager at kids@kidney.org.au prior to the closing date.

Kidney Kids refers to children living with kidney disease.

1. Has your child previously attended camp? Please circle Yes No

a) If yes, what year(s) did your child attend? _____

2. Personal details

First name	
Last name	
Address	
Child's mobile (if applicable)	
Date of birth	
Gender	

3. Medical information

Please complete the detailed medical form included in this book (page 8).

4. Caring for your child at camp

During camp, we want to provide a high standard of care for your child. Please assist us by answering the following questions to help identify the individual care needs of your child. Please circle and provide comments.

Does your child need assistance with (please circle):

			Care needs (please describe)
Showering	Yes	No	
Toileting	Yes	No	

Dressing	Yes	No	
Does your child have a special diet? (Vegetarian, low potassium, fluid restrictions etc).	Yes	No	
Does your child have behavioural or learning difficulties? If yes, what suggestions can you give to help us manage this behaviour?	Yes	No	

5. Siblings

Siblings are invited to camp in 2019. Siblings of eligible children are offered a place depending on the number of applications received from Kidney Kids. Multiple siblings will be considered on a case by case basis.

a) Would you like to apply for sibling/s to attend camp? Please circle **Yes** **No**

If yes, please complete the details below:

If no, please go to question 16

6. Sibling one details

First name	
Last name	
Address (only if different to address provided above)	
Sibling one's mobile (if applicable)	
Date of birth	
Gender	
Medicare number	

7. Does your child (sibling one) experience any of the following? Please circle

			Care needs (please describe, including listing any medications your child is taking)
Diabetes	Yes	No	
Allergy/Anaphylaxis	Yes	No	
Asthma	Yes	No	
Autism/Asperger syndrome/ADHD	Yes	No	
Behavioural/learning difficulties	Yes	No	
Special dietary requirements	Yes	No	
Does your child have a teacher's aide at school?	Yes	No	
Bowel disorder	Yes	No	
Coeliac disease	Yes	No	
Depression/anxiety	Yes	No	
Ear problems	Yes	No	
Eating disorder i.e bulimia or anorexia nervosa	Yes	No	
Epilepsy/fits	Yes	No	
Nose bleeds	Yes	No	
Skin conditions	Yes	No	
Vision problems	Yes	No	
Travel sickness	Yes	No	
Migraines	Yes	No	
Bed wetting	Yes	No	
Sleep walking	Yes	No	
Mobility difficulties	Yes	No	

Other (If yes, please specify)	Yes	No	
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8. My child's last tetanus immunisation was in (year)? _____

9. Is this child fully up to date with the recommended vaccination schedule? Please circle

Yes No

a) If no, please provide details:

10. Has your child (sibling one) previously attended camp? Please circle Yes No

a) If yes, what year did your child attend? _____

11. Sibling two details

First name	
Last name	
Address (only if different to address provided above)	
Sibling two's mobile (if applicable)	
Date of birth	
Gender	
Medicare Number	

12. Does your child (sibling two) experience any of the following? Please circle

			Care needs (please describe, including listing any medications your child is taking)
Diabetes	Yes	No	
Allergy/Anaphylaxis	Yes	No	
Asthma	Yes	No	
Autism/Asperger syndrome/ADHD	Yes	No	
Behavioural/learning difficulties	Yes	No	
Special dietary requirements	Yes	No	
Does your child have a teacher's aide at school?	Yes	No	
Bowel disorder	Yes	No	
Coeliac disease	Yes	No	
Depression/anxiety	Yes	No	
Ear problems	Yes	No	
Eating disorder i.e bulimia or anorexia nervosa	Yes	No	
Epilepsy/fits	Yes	No	
Nose bleeds	Yes	No	
Skin conditions	Yes	No	
Vision problems	Yes	No	
Travel sickness	Yes	No	
Migraines	Yes	No	
Bed wetting	Yes	No	
Sleep walking	Yes	No	
Mobility difficulties	Yes	No	

Other (If yes, please specify)	Yes	No	
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13. My child's last tetanus immunisation was in (year)? _____

14. Is this child fully up to date with the recommended vaccination schedule? Please circle

Yes No

a) If no, please provide details:

15. Has your child (sibling two) previously attended camp? Please circle Yes No

a) If yes, what year did your child attend? _____

If you would like to apply for a third sibling to attend camp, please attach additional pages answering the questions above related to siblings.

16. In case of emergency (please provide next of kin and an alternate contact details)

	Next of Kin	Alternate Contact Person
First name		
Last name		
Mobile		
Second contact number		
Relationship to applicant		

17. Please outline any specific custody arrangements that may be associated with the care of your child/ren

18. Are there any religious or cultural customs which need to be considered when preparing the camp program and menu?

19. Complimentary T-shirt (please circle your child/rens size)

Kidney Kid	Child	8	10	12	14	16
	Adult	Small	Medium	Large	X Large	
Sibling 1	Child	8	10	12	14	16
	Adult	Small	Medium	Large	X Large	
Sibling 2	Child	8	10	12	14	16
	Adult	Small	Medium	Large	X Large	

20. Please attach one head and shoulders photograph of your child and sibling/s (if applicable) and write their names on the reverse side of the photograph.

Kidney Kids Activities Database Consent

By returning this form, you will be added to our Kidney Community database and receive kidney health information about relevant activities. If you don't wish to receive information from the Kidney Community, please tick the opt out box below. Our privacy policy can be viewed here: <https://kidney.org.au/privacy-policy>

I do not wish to receive any further information from Kidney Health Australia.

Kidney Kids Camp Medical Form

We encourage you to fill out the medical form with the assistance of your medical team.

Hospital: _____

Name of Nephrologist/Renal Nurse: _____

1. Primary diagnosis

2. Current status (please circle)

- a) Chronic kidney disease
- b) Peritoneal dialysis (PD)
- c) Haemodialysis dialysis (HD)
- d) Transplanted
- e) Plasma exchange
- f) Other renal condition which does not fit into the above options but significantly impacts your child's life.

3. Other medical conditions (please circle and outline care needs or attach plan)

			Care needs (please describe)
Diabetes	Yes	No	
Allergy/Anaphylaxis	Yes	No	
Asthma	Yes	No	
Autism/Asperger syndrome/ADHD	Yes	No	
Does your child have a teacher's aide at school?	Yes	No	
Bowel disorder	Yes	No	
Coeliac disease	Yes	No	
Depression/anxiety	Yes	No	

Ear problems	Yes	No	
Eating disorder i.e bulimia or anorexia nervosa	Yes	No	
Epilepsy/fits	Yes	No	
Nose bleeds	Yes	No	
Skin conditions	Yes	No	
Vision problems	Yes	No	
Travel sickness	Yes	No	
Migraines	Yes	No	
Bed wetting	Yes	No	
Sleep walking	Yes	No	
Mobility difficulties	Yes	No	
Other (If yes, please specify):	Yes	No	

4. Haemodialysis details (if applicable)

Usual dialysis days		
Hours of dialysis		
Target weight		
Vascular access (please circle)	Catheter	AV Fistula/Graft

5. Peritoneal dialysis (if applicable)

What type of PD (please circle)	APD	CAPD
If APD	Machine type	
	Fluid used	
	Usual dialysis hours	
If CAPD	Fluid types	
	Number of exchanges	
	Time of exchanges	
Does your child require assistance to perform this exchange (please circle)	Yes	No
Exit site care (please specify)		

6. Transplant details (if applicable)

Transplant date:		
Has a graft function been stable over the last 6 months? (please circle) If no, please describe recent issues:	Yes	No
Baseline creatinine:		

7. Catheterisation (if applicable)

Does your child use urinary catheters to manage voiding?	Yes	No
If yes, what type of access	Stoma	Urethra
Does your child self-catheterise?	Yes	No
Does your child use overnight drainage?	Yes	No

8. My child's last tetanus immunisation was in (year)? _____

9. Medication list

Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
Drug	Dose	Frequency and route	Special instructions:
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