



**Camp ChiMer 2017
Camper Registration Form
July 29 to Aug. 2, 2017
NEW LOCATION THIS YEAR
16200 E US HWY 40 Kansas City, MO 64136**

PLEASE FILL OUT COMPLETELY. You can fill in the form on the computer or print it out and write on it.

SAVE PDF

Fill out this form and save it on your computer. Send it as an attachment to **CampChiMer@rmhckc.org**.

PRINT

You can print and mail this application to:

**RMHC-KC
Attn: Camp ChiMer
2502 Cherry Street
Kansas City, MO 64108**

CAMPER'S INFORMATION

Camper's Full Name: _____ Date of Birth: _____

Phone Number: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Race: _____ T-shirt Size: _____

Gender: Boy Girl Language? English Spanish Other _____

CAMPER QUESTIONS

Have you ever spent the night away from home before? Yes No

Have you ever been to Camp ChiMer or any other camp? Yes No

Is there any other information you'd like for us to know about you as a camper?

Do you know someone you want to have as your roommate? Yes No

If yes, who? _____
(We will try very hard to put you together.)

Application Deadline: May 1, 2017

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_____ Camper's Name

PARENT'S OR LEGAL GUARDIAN'S INFORMATION

Parent/Caregiver: _____ Step Parent/Caregiver: _____ Step
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip Code: _____ State: _____ Zip Code: _____
Best Phone # to reach you: _____ Best Phone # to reach you: _____
Alternate Phone #: _____ Alternate Phone #: _____
Work Phone #: _____ Work Phone #: _____

EMERGENCY CONTACT'S INFORMATION (PLEASE LIST A PERSON OTHER THAN A PARENT/CAREGIVER THAT WE CAN CALL IF WE CAN'T REACH YOU.)

Name: _____
Relationship to Camper: _____ Address: _____
Best Phone # to reach you: _____ City: _____
Alternate Phone #: _____ State: _____ Zip Code: _____

PARENT QUESTIONS

What concerns or questions do you have about your child coming to Camp ChiMer?

Is there anything you want us to know about your camper (Examples: is he/she nervous about being away from home, shy, has trouble sleeping, etc.)?

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Camper's Name _____

MEDICAL INFORMATION

List below any allergies (medicines, food, latex, seasonal):

Camper is (check all that apply): hemodialysis patient peritoneal dialysis patient kidney transplant patient

Dialysis/Transplant Center Name: _____ Phone: _____

Kidney Doctor: _____ Phone: _____

Transplant (circle one) 1st 2nd 3rd Date of last transplant _____

Dates of previous transplants: _____

Transplant Nurse: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Social Worker: _____ Phone: _____

Email/Fax: _____

Camper needs help with the following (check all that apply):

Walking Getting Dressed Showering Eating Brushing teeth Going to the bathroom

Please explain what help is needed:

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Camper's Name _____

MEDICAL INFORMATION (CONTINUED)

Camper medical needs (check all that apply):

Oxygen: How many liters? _____ When? _____ (Continuous, overnight, as needed)

List dietary/nutritional restrictions (other than sodium, potassium, phosphorus & fluid) _____

Camper uses a feeding tube If yes, what kind of formula? _____

Continuous Feed Schedule? _____

Bolus Feed Schedule? _____

*Please list any additional water the camper receives by feeding tube _____

Please bring feeding pump and all tubing, bags and formula needed for week of camp

Ostomy bags: What type of ostomy? _____ What size bag? _____

How often is bag changed? _____ Does camper need help changing bag? _____

Please bring bags for entire week of camp

Camper has colostomy Needs help changing the ostomy bag Camper uses urinary catheters

Needs help with the urinary catheter Please list type & size _____

Times (continuous, intermittent, overnight?) _____

Please bring all catheters, tubing & bags for the entire week of camp*

You **DO NOT** need to bring PD fluid and PD tubing. Camp will provide these for you.

Blood glucose monitoring: _____ Times? _____

Please bring blood glucose monitor and supplies needed for entire week of camp*

Dressing: (other than dialysis catheter. Is there a port or central line?) _____

Pull-ups: What size? _____ Camper uses Pull-ups during this time of day: _____

Please bring Pull-ups for entire week of camp

Activity level: Are there any activities your child cannot do while at camp? _____

Wheel chair or other walking aids: _____

Other special needs? _____

Behavioral concerns/conditions? (depression, anxiety, etc.) _____

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