



Camp ChiMer 2018 Camper Registration Form

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

Save Word

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 **RMHC-KC**
Attn: Camp ChiMer
Application to: 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 spent the night away from home before? Yes No

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

Additional information you would like to share about yourself as a camper?

Do you know a camper you want as a roommate? Yes No

If yes, who? _____
(We will do our best to put you together.)

Application Deadline: April 30th, 2018

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Camper's Name _____

Parent/Legal Guardian Information

Parent/Caregiver: _____

Parent/Caregiver: _____

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 (Non Parent or Caregiver)

Name: _____

Relationship to Camper: _____

Address: _____

Best Phone # to reach them: _____

City: _____

Alternate Phone #: _____

State: _____ Zip Code: _____

Parent Questions

What questions, comments, or concerns 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 (24/7, during the day, 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? _____

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 activities your child cannot participate in? _____

Wheel chair or other walking aids: _____

Other special care? _____

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

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