



Hi Camp Kydnie Friends!

We hope this letter finds you happy, healthy and ready for “Camp Kydnie’s Monster Mash”. We hope you are as excited as we are!!

The Camp Kydnie Steering Committee has been busy planning our 2025 camp experience. Please mark your calendar with this year’s dates, **June 29 – July 4, 2025**.

Application forms for both a Kydnie camper and a sibling/friend are enclosed. Campers must be aged entering first grade through graduating high school. A Kydnie camper may bring one sibling or friend along to camp.

Please be sure to return your applications and checks by **Friday, May 2, 2025** to:

Camp Kydnie
Attn: Camp Kydnie Registrar
PO Box 60967
Harrisburg, PA 17106-0967

ALL REGISTRATION FEE CHECKS (\$100) MUST BE MADE PAYABLE TO CAMP KYDNIIE.

Please return applications by May 2nd to reserve your spot, even if medical forms have not been completed yet. Medical forms must be returned by June 11, 2025. ALL campers (Kydnie and sibling/friend) are required to have a medical form completed by their primary care physician or nephrologist. Additional information is needed for campers on dialysis: please see the medical form.

Please note that ALL Camp Kydnie campers, staff and volunteers are required to be fully vaccinated for COVID-19, as defined by the CDC, which includes administration of the 2024-2025 vaccine, prior to the start of camp. There are no exceptions. Proof of vaccination is required. Visit our website at <https://campkydnie.org/vaccination-requirements> to see our current COVID-19 vaccination requirements.

Information regarding check-in and check-out procedures will be emailed to parents prior to the start of camp. Be advised, no unvaccinated individuals will be allowed past the Camp Victory Welcome Center and only 1 vaccinated parent may accompany their child into camp.

At this time we are preparing for an in-person camp experience. However, please be aware that if the prevalence of COVID in the community is high, it may be necessary to cancel. If camp is canceled, application fees will be refunded. We will keep everyone informed of these decisions as they arise.

If you have any questions or need additional information, please contact us at campkydnie@gmail.com or visit our website www.campkydnie.org.

See you soon,
Camp Kydnie Staff

Camp Kydnie

A special camp for kids with kidney disease

Camper Application Checklist

Required for ALL campers:

- Completed camper application
- Signed consent form
- Completed medical form signed by the camper's medical provider
- Copy of front and back of insurance card (*new copy required, even if provided in a prior year*)
- Copy of Covid-19 vaccination record (*updated copy required, even if provided in a prior year*)
- Copy of up to date, complete immunization record (*updated copy required, even if provided in a prior year*)
- Registration fee

Dialysis Campers, in addition to above:

- Parents must contact Camp Director, Devon (campkydnie@gmail.com), to ensure arrangements are made
- Nephrologist, Dialysis Nurse Manager or Social Worker must contact Camp Medical Director, Dr. Habib (717-531-5707)
- Complete Supplemental Dialysis Information form (will be sent to you once initial contact is made)

Mail application packet and registration payment by Friday, May 2nd to:

Camp Kydnie
Attn: Camp Kydnie Registrar
PO Box 60967
Harrisburg, PA 17106-0967

Please make checks payable to Camp Kydnie

Please email campkydnie@gmail.com if any documents will be sent after May 2nd (no later than June 11)



Camp Kydnie

A special camp for kids with kidney disease

2025 KYDNIIE Camper Application

There is a \$100.00 registration fee per camper due by May 2nd with this application and medical form. After May 2nd, the registration fee is \$125.00 if space allows. Please contact the camp registrar at campkydnie@gmail.com to check on availability.

Make checks payable to Camp Kydnie

Please be sure to return your application and check by Friday, May 2, 2025 to:

Camp Kydnie
Attn: Camp Kydnie Registrar
PO Box 60967
Harrisburg, PA 17106-0967

Camper First & Last Name: _____ Camper Preferred Name: _____

Sex: M ___ F ___ Pronouns: _____ Age: ___ Date of Birth (MM/DD/YYYY): _____

Grade Going Into Next School Year: ___ T-Shirt Size: Child S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___ XXL ___

Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Township/Borough: _____

PARENT Email Address (required): _____ Home Phone #: _____

Parent Name: _____ Work #: _____ Cell Phone: _____

Parent Name: _____ Work #: _____ Cell Phone: _____

Insurance Information: ***Please include a copy of the front and back of your insurance card with this application*******

Carrier Name: _____ Policy #: _____ ID #: _____

Nephrologist: Name: _____ Phone #: _____

Hospital: _____

Primary Care Physician: Name: _____ Phone #: _____

Emergency Contact: Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Kydnie Campers may, if they choose, attend camp with one sibling or friend. Siblings/friends must also complete a full application, including medical history, consent form, and registration fee.

Attending Camp with: Sibling/Friend Camper's Name: _____

I would like to be in the same cabin group as my sibling/friend*: Y ___ N ___

*Cabin groups are divided by camper age. If the Kydnie Camper and sibling/friend are of significantly different ages, do they still prefer to be in the same cabin group? All cabin requests will be accommodated to the best of our ability but Camp Kydnie reserves the right to make adjustments as necessary.

Return Application by: May 2, 2025

Camp Kydnie

A special camp for kids with kidney disease

2025 Camper Consent Form

(Required for ALL campers)

Camper Name: _____

1. The undersigned hereby grants permission for the above-named camper to be tested for covid while at camp.
2. In the event of any illness or severe behavioral concerns, the undersigned agrees to return to camp immediately to take the above-named camper home.
3. The undersigned hereby grants permission for the above-named camper to participate in the Camp Kydnie program. I hereby release Camps for Spiffy-Kyds, Inc. and the Camp Kydnie staff members from all legal responsibilities for any injuries resulting from participation in this program.
4. The undersigned hereby grants permission to the medical staff at Camp Kydnie to administer routine and other medication for my child, as well as render any emergency care as required.
5. If medically necessary, campers will be transported to the Geisinger Medical Center for emergency medical care. I know and understand that I am financially responsible for the medical care and treatment rendered to the above named camper if there is a charge for the medical services provided.
6. The undersigned grants permission for the above named camper to be interviewed and/or photographed during the Camp Kydnie week, for the use/publications of such material as television, magazine, social media, and/or newspaper stories regarding the Camp Kydnie experience. Permission is also granted to include photos and/or videos on the Camp Kydnie website, and in promotional materials for the Kidney Foundation of Central Pennsylvania. (The Kidney Foundation of Central PA is the primary sponsor for the camp.)
7. The undersigned grants permission to release information concerning the above-named camper's medical status to the staff of Camp Kydnie. The purpose of this provision is to allow for appropriate medical care, and to help members of the Camp Kydnie group support each other in times of need.

Parent/guardian printed name: _____

Parent/guardian signature: _____ Date: _____

Camp Kydnie

A special camp for kids with kidney disease

2025 MEDICAL HISTORY FORM

REQUIRED FOR ALL CAMPERS

INSTRUCTIONS: **ALL CAMPERS** (Kydnie Kids, siblings and friends) must provide a completed medical history form to attend camp. **This form must be completed by the camper's health care provider and must include health care provider signature on the reverse.**

Please note that both sides of this form must be filled out. Return this form with the camper application (due May 2, 2025) or as soon as completed by your physician, no later than June 11, 2025.

Dialysis campers must have been examined by their physician within 12 weeks of camp, other kidney campers within 6 months, and siblings and friends within 1 year.

PARENTS OF DIALYSIS CAMPERS MUST CONTACT THE CAMP DIRECTOR, DEVON, at campkydnie@gmail.com TO ENSURE THAT APPROPRIATE DIALYSIS ARRANGEMENTS CAN BE MADE. ADDITIONAL INFORMATION, INCLUDING A SUPPLEMENTAL DIALYSIS MEDICAL FORM, WILL BE REQUESTED AT THAT TIME.

Camper's Name: _____ DOB: _____

Weight (kg): _____ Height: _____ BP: _____

Allergies: (list allergen and reaction) _____

Immunizations:

A copy of the camper's immunization record, including COVID vaccination record must be submitted with this form.

Visit our website at <https://campkydnie.org/vaccination-requirements> to see our current COVID-19 vaccination requirements.

Medical Concerns:

Please list all chronic or current health problems:

Mental Health Concerns:

Please list any chronic or current mental health, behavioral and/or developmental diagnoses or concerns (such as ADHD, depression, ADD, anxiety, Asperger's syndrome or autism)

FOR ALL CAMPERS, PLEASE CONTINUE TO THE REVERSE SIDE

Current Medications: (please use an additional page or include a copy of the current medication list if necessary)

Medication Name Example: Enalapril	Dose 5 mg = 1 table	How Taken By mouth	How often and when Twice daily at breakfast and bedtime

ADDITIONAL MENTAL HEALTH/BEHAVIOR INFORMATION FOR ALL CAMPERS:

Is there any additional information that we should know about your camper? (Doctors: Please consider what information you would need to know if you were responsible for this child's medical care at camp.) Please include information about any **mental health/behavior concerns** as well as medical diagnoses.

For campers with significant Mental Health/Behavior concerns including those who have wrap around services, please contact the Camp Medical Director – **Dr. Habib, 717-531-5707 (Penn State Hershey Children's Hospital, Pediatric Nephrology)**

Please attach additional sheets if necessary

ADDITIONAL MEDICAL INFORMATION FOR KYDNIE KIDS:

(To be completed by your nephrologist or primary care physician. Nephrologist must complete for dialysis campers)

Renal Diagnoses:

Please include information about recent hospitalizations or significant recent illness. Use a second sheet if necessary.

Recent serum creatinine: _____ Date: _____

Does the camper have a central line, hemodialysis catheter or peritoneal dialysis catheter?: _____

If yes: What type and location?: _____

How often is it flushed?: _____

What heparin solution/dose is used? _____

Is your camper allowed to swim? (chlorinated pool only) _____

If yes, what do you use to cover the line when the child swims? _____

Please make sure to send supplies for dressing changes and line care to camp. Note that with increased activity at camp, extra dressing changes are often necessary.

Does the camper require dialysis? _____ Type: Peritoneal Dialysis _____ Hemodialysis _____

PARENTS OF DIALYSIS CAMPERS MUST CONTACT THE CAMP DIRECTOR, DEVON, at campkydnie@gmail.com, TO ENSURE THAT APPROPRIATE ARRANGEMENTS ARE MADE.

Health care provider: Please list any additional precautions or restrictions for this patient:

I examined _____ on _____ and found him/her to be in good health and able to attend camp.

Provider Signature: _____ Date: _____

Provider Name (please print): _____ Office phone: _____



Camp Kydnie

A special camp for kids with kidney disease

2025 SIBLING/FRIEND Application

There is a \$100.00 registration fee per camper due by May 2nd with this application and medical form.

After May 2nd, the registration fee is \$125.00 if space allows. Please contact the camp registrar at campkydnie@gmail.com to check on availability.

Make checks payable to Camp Kydnie

Please be sure to return your application and check by Friday, May 2, 2025 to:

Camp Kydnie
Attn: Camp Kydnie Registrar
PO Box 60967
Harrisburg, PA 17106-0967

Camper First & Last Name: _____ Camper Preferred Name: _____

Sex: M ____ F ____ Pronouns: _____ Age: ____ Date of Birth (MM/DD/YYYY): _____

Grade Going Into Next School Year: ____ T-Shirt Size: Child S ____ M ____ L ____ Adult S ____ M ____ L ____ XL ____ XXL ____

Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Township/Borough: _____

PARENT Email Address (required): _____ Home Phone #: _____

Parent Name: _____ Work #: _____ Cell Phone: _____

Parent Name: _____ Work #: _____ Cell Phone: _____

Insurance Information: ***Please include a copy of the front and back of your insurance card with this application*******

Carrier Name: _____ Policy #: _____ ID #: _____

Primary Care Physician: Name: _____ Phone #: _____

Emergency Contact: Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Siblings/Friends must complete a full application, including medical history, immunization record, consent form and registration fee.

Attending Camp with: Kydnie Camper's Name: _____

I would like to be in the same cabin group as my sibling/friend*: Y ____ N ____

*Cabin groups are divided by camper age. If the Kydnie Camper and sibling/friend are of significantly different ages, do they still prefer to be in the same cabin group? All cabin requests will be accommodated to the best of our ability but Camp Kydnie reserves the right to make adjustments as necessary.

Return Application by: May 2, 2025

Camp Kydnie

A special camp for kids with kidney disease

2025 Camper Consent Form **(Required for ALL campers)**

Camper Name: _____

1. The undersigned hereby grants permission for the above-named camper to be tested for covid while at camp.
2. In the event of any illness or severe behavioral concerns, the undersigned agrees to return to camp immediately to take the above-named camper home.
3. The undersigned hereby grants permission for the above-named camper to participate in the Camp Kydnie program. I hereby release Camps for Spiffy-Kyds, Inc. and the Camp Kydnie staff members from all legal responsibilities for any injuries resulting from participation in this program.
4. The undersigned hereby grants permission to the medical staff at Camp Kydnie to administer routine and other medication for my child, as well as render any emergency care as required.
5. If medically necessary, campers will be transported to the Geisinger Medical Center for emergency medical care. I know and understand that I am financially responsible for the medical care and treatment rendered to the above named camper if there is a charge for the medical services provided.
6. The undersigned grants permission for the above named camper to be interviewed and/or photographed during the Camp Kydnie week, for the use/publications of such material as television, magazine, social media, and/or newspaper stories regarding the Camp Kydnie experience. Permission is also granted to include photos and/or videos on the Camp Kydnie website, and in promotional materials for the Kidney Foundation of Central Pennsylvania. (The Kidney Foundation of Central PA is the primary sponsor for the camp.)
7. The undersigned grants permission to release information concerning the above-named camper's medical status to the staff of Camp Kydnie. The purpose of this provision is to allow for appropriate medical care, and to help members of the Camp Kydnie group support each other in times of need.

Parent/guardian printed name: _____

Parent/guardian signature: _____ Date: _____

Camp Kydnie

A special camp for kids with kidney disease

2025 MEDICAL HISTORY FORM

REQUIRED FOR ALL CAMPERS

INSTRUCTIONS: **ALL CAMPERS** (Kydnie Kids, siblings and friends) must provide a completed medical history form to attend camp. **This form must be completed by the camper's health care provider and must include health care provider signature on the reverse.**

Please note that both sides of this form must be filled out. Return this form with the camper application (due May 2, 2025) or as soon as completed by your physician, no later than June 11, 2025.

Dialysis campers must have been examined by their physician within 12 weeks of camp, other kidney campers within 6 months, and siblings and friends within 1 year.

PARENTS OF DIALYSIS CAMPERS MUST CONTACT THE CAMP DIRECTOR, DEVON, at campkydnie@gmail.com TO ENSURE THAT APPROPRIATE DIALYSIS ARRANGEMENTS CAN BE MADE. ADDITIONAL INFORMATION, INCLUDING A SUPPLEMENTAL DIALYSIS MEDICAL FORM, WILL BE REQUESTED AT THAT TIME.

Camper's Name: _____ DOB: _____

Weight (kg): _____ Height: _____ BP: _____

Allergies: (list allergen and reaction) _____

Immunizations:

A copy of the camper's immunization record, including COVID vaccination record must be submitted with this form.

Visit our website at <https://campkydnie.org/vaccination-requirements> to see our current COVID-19 vaccination requirements.

Medical Concerns:

Please list all chronic or current health problems:

Mental Health Concerns:

Please list any chronic or current mental health, behavioral and/or developmental diagnoses or concerns (such as ADHD, depression, ADD, anxiety, Asperger's syndrome or autism)

FOR ALL CAMPERS, PLEASE CONTINUE TO THE REVERSE SIDE

Current Medications: (please use an additional page or include a copy of the current medication list if necessary)

Medication Name Example: Enalapril	Dose 5 mg = 1 table	How Taken By mouth	How often and when Twice daily at breakfast and bedtime

ADDITIONAL MENTAL HEALTH/BEHAVIOR INFORMATION FOR ALL CAMPERS:

Is there any additional information that we should know about your camper? (Doctors: Please consider what information you would need to know if you were responsible for this child's medical care at camp.) Please include information about any **mental health/behavior concerns** as well as medical diagnoses.

For campers with significant Mental Health/Behavior concerns including those who have wrap around services, please contact the Camp Medical Director – **Dr. Habib, 717-531-5707 (Penn State Hershey Children's Hospital, Pediatric Nephrology)**

Please attach additional sheets if necessary

ADDITIONAL MEDICAL INFORMATION FOR KYDNIE KIDS:

(To be completed by your nephrologist or primary care physician. Nephrologist must complete for dialysis campers)

Renal Diagnoses:

Please include information about recent hospitalizations or significant recent illness. Use a second sheet if necessary.

Recent serum creatinine: _____ Date: _____

Does the camper have a central line, hemodialysis catheter or peritoneal dialysis catheter?: _____

If yes: What type and location?: _____

How often is it flushed?: _____

What heparin solution/dose is used? _____

Is your camper allowed to swim? (chlorinated pool only) _____

If yes, what do you use to cover the line when the child swims? _____

Please make sure to send supplies for dressing changes and line care to camp. Note that with increased activity at camp, extra dressing changes are often necessary.

Does the camper require dialysis? _____ Type: Peritoneal Dialysis _____ Hemodialysis _____

PARENTS OF DIALYSIS CAMPERS MUST CONTACT THE CAMP DIRECTOR, DEVON, at campkydnie@gmail.com, TO ENSURE THAT APPROPRIATE ARRANGEMENTS ARE MADE.

Health care provider: Please list any additional precautions or restrictions for this patient:

I examined _____ on _____ and found him/her to be in good health and able to attend camp.

Provider Signature: _____ Date: _____

Provider Name (please print): _____ Office phone: _____