



A retreat for children with life-threatening illnesses and their families

2022 Camp Information: Nephrology

Thank you for your interest in attending Camp Sunshine. Please note the eligibility guidelines below, which represent modifications for this summer's in-person Family Camp programming. More information regarding the in-person program model and Camp Sunshine at Home programming can be found on our website. Pages 1–3 of the application are for families to complete. Physician forms are for the camper's specialty team to complete.

Eligibility Guidelines

- The Camper with a qualifying diagnosis must be 18 years of age or younger. Please contact us if 2020 would have been your child's last eligible year to attend.
- If both parents are unable to attend, a fully COVID-vaccinated second adult may attend as a support person and should be included on the application. Additional children (other than siblings of the Camper) may not attend.
- In order to maximize flexibility, the program is limited to residents of the following Northeast and Mid-Atlantic states: Maine, Massachusetts, New Hampshire, Vermont, Connecticut, Rhode Island, New York, New Jersey, Maryland, Pennsylvania, Delaware, Virginia, West Virginia, and the District of Columbia. Families may take public transportation to Camp, however all families must be prepared for unexpected and/or last-minute changes to plans related to illness.
- No individual can attend who is moderately or severely immunocompromised due to an underlying condition or its treatment. Moderate and severe immunocompromising conditions and treatments include but are not limited to:
 - Active treatment for solid tumor and hematologic malignancies (other than children with standard-risk acute lymphoblastic leukemia in remission on maintenance therapy)
 - Receipt of solid-organ transplant and taking immunosuppressive therapy
 - Receipt of CAR-T-cell therapy within 2 years
 - Hematopoietic cell transplant (HCT) within 2 years of transplantation, or taking immunosuppression therapy
 - Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
 - Advanced or untreated HIV infection
 - Active treatment with
 - high-dose corticosteroids (i.e., ≥ 1 mg/kg prednisone or equivalent per day when administered for ≥ 2 weeks)
 - transplant-related immunosuppressive drugs (mycophenolate, azathioprine, tacrolimus, cyclosporine, sirolimus)
 - other biologic agents that are immunosuppressive or immunomodulatory (rituximab or other B-cell depleting, or T-cell depleting therapies)
- All participants age 5 and older who are able to be vaccinated for COVID-19 will be required to be optimally protected prior to Camp, with the complete primary series and any boosters available to them. It is recommended that children under age 5 begin the vaccination series prior to Camp. You can learn about available COVID-19 vaccines here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- In addition to COVID-19 vaccines, current and complete immunization records are required for everyone 25 years of age and younger, reflecting all vaccines as outlined in the checklist that follows. For participants ages 26 and older, only a copy of the COVID vaccination record is necessary. All participants who are able to be vaccinated will be required to be optimally protected prior to Camp.
- Completed applications will be reviewed on a rolling basis until capacity is reached. Families will be accepted on a first-come, first-served basis.

What to Expect this Summer: Family Camp and COVID-19 Precautions

Family Camp is a new type of program designed to safely bring families back to Camp Sunshine this summer. During these sessions, family members will participate in all activities together as a family while maintaining physical distance from other participants at all times. Each family will be assigned a volunteer guide who will help in navigating the program and bring extra “Sunshine” to the experience. As always, meals, lodging, and activities are provided at no cost.

Family Camps are a temporary departure from traditional group programming at Camp Sunshine and are not illness-specific. Our hope is to resume traditional programming for Summer 2023. Instead of interacting with other families and volunteers, Family Camps offer the opportunity to be at Camp in a new way, enjoying activities together as a family. We hope that families who are not yet eligible to return to Camp in person, or who prefer not to participate in the new program, will participate in Camp Sunshine at Home.

Before Camp

- **COVID - 19 Testing:** All participants are required to take a rapid antigen test for COVID-19 4 days prior to arrival day. You are encouraged, but not required, to test again prior to driving to Camp.
- **Notify us:** If you have symptoms of COVID-19 or have had exposure to someone with confirmed or suspected COVID-19, please call Camp to cancel.
- **Vaccinations:** Ensure that you and your family members stay up to date with COVID-19 vaccination guidance including any boosters available to you and send updates to Camp prior to your arrival. You can learn about available COVID-19 vaccines here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- **Minimize your exposure risk:** In addition to frequent hand washing and mask wearing, we ask that you and your family limit your risk of exposure to COVID-19 during the 14 days leading up to your Camp session. This includes avoiding mass gatherings.

On Arrival

- **Arrival screening:** Staff will review a symptom, exposure, and travel screening with each participant upon arrival.
- **Rapid testing:** A rapid antigen test for COVID-19 will be administered upon arrival for each participant.

During Camp

- **Daily screenings:** Each participant will complete a symptom screen daily at Camp.
- **Lodging:** As before, your family will stay in a private family suite. Each family suite includes a bathroom, mini-fridge, microwave, heat/AC, and can comfortably sleep six.
- **Masks:** Indoor masking will be required for participants ages 2 and older.
- **Physical distancing:** Families will participate in all activities together as a family, keeping physical distance from other participants. You will have a designated table (indoors and outdoors) for mealtimes and other activities.
- **Volunteers:** Volunteers will also follow COVID precautions, including required vaccinations, masking, and physical distancing. Parents and guardians will be responsible for caring for their children at all times.
- **Medical Care:** A medical professional will be available on-site at all times. Parents/guardians are responsible for administering any medication or other routine care to their children.

Before Leaving Camp

- **Rapid testing:** A rapid antigen test for COVID-19 will be administered upon departure for each participant. Participants will be notified if a positive test is obtained from any participant from their session.



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2022 Application Checklist

Please use the following checklist to ensure that your family's application is complete.

Family Forms

- Pages 1-3 of the application, to be completed by the parent/legal guardian

Physician Forms

- Pages 4-6 of this application, to be completed by the patient's specialist.

Immunization Records

- Copies of COVID-19 vaccination records are required for all participants who are eligible to be vaccinated. All participants who are able to be vaccinated for COVID-19 will be required to be optimally protected with the initial series and any available boosters prior to Camp. You can learn about available COVID-19 vaccines here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>.
- In addition to COVID-19 vaccines, current and complete immunization records are required for everyone 25 years of age and younger, reflecting all additional vaccines as outlined below.
- At a minimum, campers aged 5 years and older should meet the same immunization requirements as those for school-aged children set forth in the State of Maine School Immunization Law (20-A MRSA §§6352-6358):
 - 5 DTaP (4 DTaP if the 4th is given on or after the 4th birthday)
 - 4 Polio (if the 4th dose is given before the 4th birthday, an additional age-appropriate inactivated polio immunization should be given on or after the 4th birthday)
 - 2 MMR (measles, mumps, rubella)
 - 2 Varicella (chickenpox) or reliable history of disease
 - Camp Sunshine also requires that children aged 11 and older receive the meningococcal vaccine and TDaP booster prior to attendance.

Health History Forms

- A separate Health History form is required for each person (including adults) planning to attend Camp, with the *exception* of the patient. The Health History forms do not require a physician signature.

Next Steps

- Applications will be reviewed on a first come, first served basis, once completed. Your application is complete only after all required documents are received.
- You will be contacted to confirm receipt of your application and what, if any, additional components are required in order to complete it. Please monitor your email and voicemail for correspondence from Camp.
- Acceptances and other updates will be provided as soon as possible.



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2022 Family Camp Application

Please print clearly using black or blue ink.

CAMPER INFORMATION*

Camper's Last Name _____ Camper's First Name _____

Name as you would like it to appear on their nametag _____

Gender _____ Camper's Date of Birth ____/____/____

Camper's Diagnosis _____ Date of Diagnosis ____/____/____

Date of Completion of Treatment (if applicable) _____

Address _____ Apt _____ City _____ State _____ Zip _____

Home telephone _____ Home telephone _____

E-mail _____

Treatment Center _____

Address _____ City _____ State _____ Zip _____

Physician (Specialist) _____ Telephone _____

Social Worker _____ Telephone _____

Child Life Specialist _____ Telephone _____

Health Insurance Company _____ Telephone _____

Policy Holder _____ Policy No. _____ Group No. _____

Prior In-Person Attendance – This will be our (please circle one) 1st time 2nd time 3rd time 4th time ____ th time at Camp.

How did you hear about Camp Sunshine? Name: _____

In-Person Family Camp Session Dates

Please indicate your 3 preferred session dates *by number* in the boxes provided (ranked 1-3) below.

1: Jul 19– 22

2: Aug 9 – 12

3: Aug 16 – 19

4: Aug 23 – 26

5: Sep 2 - 5

All programs are “Mixed Diagnosis” Family Camp sessions.

*For the purposes of this application, the child with an eligible diagnosis

FAMILY INFORMATION

Name of parent(s) or guardian(s) camper lives with: _____

Marital status (please indicate marital status of parents and explain any particular familial circumstances and/or custodial arrangements of which we should be aware): _____

Parent/Legal Guardian _____

Relationship to Camper _____

Date of Birth ____/____/____

Address _____

City, State, Zip _____

Home Phone _____

Cellular phone _____

E-mail _____

Employer _____

Have you been in the Armed Forces? Yes No

Have you been in the Reserves? Yes No

Parent/Legal Guardian 2: _____

Relationship to Camper _____

Date of Birth ____/____/____

Address _____

City, State, Zip _____

Home Phone _____

Cellular phone _____

E-mail _____

Employer _____

Have you been in the Armed Forces? Yes No

Have you been in the Reserves? Yes No

Emergency Contact (someone who will *not* be attending Camp with you)

Name _____ Relationship _____ Telephone _____

WHO WILL BE ATTENDING CAMP WITH THE CAMPER?

One immunized adult support person may be permitted to accompany a single parent/guardian or a parent/guardian whose partner cannot attend. Be sure to include a copy of the support person's COVID vaccine card with your application.

Parents'/Legal Guardians'/
Support Person's Names

Relationship to
camper

Medical or Emotional diagnosis/ concern?
If "Yes," please explain and include on Health History Form

1. _____

No Yes _____

2. _____

No Yes _____

Sibling's Name(s)

Relationship/
Age at time of Camp

Medical or Emotional diagnosis/ concern?
If "Yes," please explain and include on Health History Form

1. _____

_____/____yr

No Yes _____

2. _____

_____/____yr

No Yes _____

3. _____

_____/____yr

No Yes _____

4. _____

_____/____yr

No Yes _____

5. _____

_____/____yr

No Yes _____

6. _____

_____/____yr

Yes No _____

*PLEASE NOTE: ALL CHILDREN UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT AND/OR LEGAL GUARDIAN WHEN ATTENDING CAMP.

IF A LEGAL GUARDIAN WILL BE ACCOMPANYING A CHILD TO CAMP, ORIGINAL NOTARIZED COURT DOCUMENTATION CONFIRMING THE GUARDIANSHIP MUST BE INCLUDED WITH THIS APPLICATION. IF MARITAL STATUS IS SEPARATED OR DIVORCED, PARENTS/LEGAL GUARDIANS MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION.

CAMPER'S GENERAL MEDICAL HISTORY

THE MORE INFORMATION WE HAVE, THE BETTER UNDERSTANDING WE WILL HAVE OF THE CAMPER'S NEEDS.

Primary language: _____ Secondary Language: _____

Additional medical problems (allergies, asthma, diabetes, etc.): _____

Drug allergies: _____

Dietary restrictions or food allergies: _____

Physical limitations: _____

Mobility (e.g., wheelchair, crutches, amputation): _____

Special medical needs/care requirements (vision/hearing loss): _____

Does the camper have seizures? Yes No If so, how frequently do they occur? _____

Please describe the type of seizure: _____

What treatment is necessary for the seizures? _____ When was the last seizure? _____

Is the camper incontinent? Yes No If yes: Bladder Bowel Is catheterization needed? Yes No

Please describe any support your child receives at school or elsewhere for developmental, behavioral, social-emotional, or functional living needs: _____

Permission to use photographs, video tape and/or audio tape of you and/or your family

On behalf of myself and my family, I do hereby give Camp Sunshine, without consideration or compensation, permission to use photographs, videotape, and/or audiotape that may be taken or recorded while my child and family are attending Camp for promotional, educational, or fundraising activities. It is my understanding that these likenesses may be used to promote public and professional understanding and support of the program. I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

Permission to use photographs and/or videotape of you and/or your family for postings on Social Media

On behalf of myself and my family, I do hereby give Camp Sunshine, without consideration or compensation, permission to use photographs and/or videotape that may be taken or recorded while my child and family are attending Camp for postings on social media, including but not limited to postings on Camp Sunshine at Sebago Lake's official Facebook page. I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

AUTHORIZATION FOR CAMP SUNSHINE TO PROVIDE MEDICAL TREATMENT

I hereby give my consent for Camp Sunshine's medical personnel to provide any and all reasonable and necessary medical treatment for my children.

(Please include all of the children in your family who will be attending Camp Sunshine.)

All Children's Names	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	

This authorization shall remain in effect while we are attending Camp Sunshine at Sebago Lake in Casco, Maine.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

I understand and agree that information disclosed regarding any of the individuals named in this application and related documents may be disclosed or otherwise released to appropriate organizations or individuals (including, but not limited to: members of the Camp Sunshine staff, area hospitals, health care professionals and physicians) in connection with attendance at Camp Sunshine at Sebago Lake, Inc. I hereby confirm that the above information is true and accurate and that once accepted, I agree to update this information as may be requested.

I understand that Camp Sunshine reserves the right to accept or decline any application for any reason.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
(please print)

2022 Physician Guidelines for Camp Sunshine: Nephrology

The medical guidelines for patients who wish to attend Camp Sunshine this year are as follows:

1. Children are considered medically acceptable to participate in the 2022 program if they are not considered to be moderately or severely immunocompromised, and can be expected to be in good general health at the time of the Camp session.

For these purposes, moderate and severe immunocompromising conditions and treatments include but are not limited to:
 - Receipt of solid-organ transplant and taking immunosuppressive therapy
 - Active treatment with
 - high-dose corticosteroids (i.e., ≥ 1 mg/kg prednisone or equivalent per day when administered for ≥ 2 weeks)
 - transplant-related immunosuppressive drugs (mycophenolate, azathioprine, tacrolimus, cyclosporine, sirolimus)
 - other biologic agents that are immunosuppressive or immunomodulatory (rituximab, other B-cell or T-cell depleting therapies)
 - Active treatment for solid tumor and hematologic malignancies (other than children with standard-risk acute lymphoblastic leukemia in remission on maintenance therapy)
 - Hematopoietic cell transplant (HCT) within 2 years of transplantation, or taking immunosuppressive therapy
 - Receipt of CAR T-cell therapy within 2 years
 - Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
 - Advanced or untreated HIV infection
2. The Physical Examination form must be completed by the child's subspecialty team and returned along with the child's application.
3. Children should not require any form of special medical care during the Camp session, e.g., transfusions, hemodialysis.
4. **Any family with a member who has been exposed to SARS-CoV-2 within 14 days of a Camp session cannot attend.**
5. **Children or other susceptible family members who have been exposed to varicella (chickenpox) within three weeks of a Camp session cannot attend. In the event that a child or family member has been exposed to herpes zoster (shingles), please contact Camp for further guidance.**

If a child does not meet these guidelines, please contact the Camp Sunshine office directly so the situation can be further assessed.

It is the intent of Camp Sunshine to provide respite for your patients and their families with as little medical intervention as possible. Medical professionals will be present at Camp to provide evaluation of acute problems. No treatment will be offered at Camp other than management of routine childhood illnesses and minor injuries. It is not the intent of Camp Sunshine to provide routine medical care for other family members.

Thank you for helping us to provide a unique vacation experience for your patients and their families. It is our expectation that children will be qualified as acceptable for referral by their own treating physicians with the above specifications in mind. Children who do not meet the above guidelines will find it inconvenient to receive needed medical care in this setting and should not be encouraged to attend. Please contact the Family Coordinator with any questions regarding the above or any aspect of medical support available for Camp participants at 207-655-3800 between 8:30am and 4:30pm Monday through Friday.

**Please submit a completed application to:
Camp Sunshine
35 Acadia Road
Casco, ME 04015**

**Phone: (207) 655-3800 Fax: (207) 655-3825
www.campsunshine.org**

CAMP SUNSHINE NEPHROLOGY PHYSICAL EXAMINATION FORM

The following information should be provided by the Pediatric Nephrology team treating the child.

Please return to Camp Sunshine: 35 Acadia Road, Casco, Maine 04015 P: (207) 655-3800 F: (207) 655-3825

THIS APPLICATION CANNOT BE PROCESSED UNTIL ALL THE INFORMATION BELOW IS COMPLETE.

Camper's Name: _____ Date of Birth: ____/____/____
Diagnosis: _____ Date of Diagnosis: ____/____/____
Allergies: _____ Date of Examination: ____/____/____

1 Renal Disease

Children who have undergone renal transplantation and are receiving immunosuppressive therapy are advised not to attend in-person for the 2022 program.

Is camper on CCPD? Yes No If the child is on CCPD, please describe the dialysis program: _____

Describe any percutaneous catheters: _____

Has the camper been under the care of a psychiatrist? Yes No Please describe any behavioral, social, emotional, or psychiatric concerns that may affect the child: _____

2 Is the camper permitted to participate in the following activities at Camp:

Swim in a chlorinated indoor heated pool? Yes No

Swim in lake water? Yes No

Engage in contact sports? Yes No

Climb on our climbing wall? Yes No

Are there any restrictions or suggestions for this child? _____

Describe any disability or physical limitation affecting other camp activity: _____

3 Varicella (If the following information is not complete, this application cannot be reviewed.)

Please indicate:

_____ (1) This camper is **IMMUNE** to varicella by reason of (check one or more):

clinical disease (varicella, zoster) positive titer Varivax vaccine – **OR** –

_____ (2) This camper is **NOT IMMUNE** to varicella and the vaccine has not been administered to him/her.

IN THE EVENT OF A VARICELLA EXPOSURE AT CAMP, WILL THIS CHILD REQUIRE VARIZIG AND/OR ACYCLOVIR? YES NO

NOTES: _____

4 PHYSICAL EXAMINATION

Height: _____ Weight: _____ Pulse: _____ Respirations: _____ BP: ____/____

Please note all abnormal findings. Check “√” indicates normal.

HEENT _____ Musculoskeletal/Back _____
Neck _____ Genitalia _____
Lungs _____ Neurologic _____
Heart _____ Skin _____
Abdomen _____ Prostheses? _____

Comments: _____

5 LABORATORY INVESTIGATIONS

Date: _____ H/H ____/____ WBC _____ (ANC _____) Platelets _____

Chemistries: _____

Urinalysis: _____

Will the child require laboratory tests while at camp? If so, please specify which tests and to whom results should be called/forwarded. (Please limit these to essential studies.) _____

6 MEDICATIONS*

Please list medications that the camper receives routinely (include pain management). Attach additional pages if necessary.

Medication	Dose	Route	Frequency

*Each family should bring all medications, catheter dressings, and other supplies necessary for their child while at camp.

☞ IS THERE ANYTHING ELSE WE SHOULD KNOW THAT WOULD BETTER ASSIST US IN PREPARING FOR THIS FAMILY TO ATTEND CAMP? IN PARTICULAR, ARE THERE ANY SOCIAL OR EMOTIONAL CONCERNS PERTAINING TO ANY FAMILY MEMBER? _____

The camper’s next appointment is due: _____

We regret that applications cannot be reviewed unless the signature of the Pediatric Nephrology attending physician or certified nurse practitioner is provided below. Thank you.

I have examined _____ who is physically able to engage in camp activities except for the limitations and restrictions noted above.

Attending physician’s/nurse practitioner’s signature: _____ Date _____

Type/print name: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Telephone or pager where a physician who is familiar with the child can be contacted at night and on weekends:

(____) _____

☞ PLEASE NOTIFY US OF ANY UPDATES (I.E., MEDICATIONS, LAB RESULTS) ON A LATE CHANGES FORM. ☞

Camper's Name: _____



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Health History Form

Please complete pages 1 and 2 of this form for each person attending with the exception of the camper. Information must be filled out by a parent/guardian for all minors. Any changes to this form should be provided to Camp Sunshine staff prior to arrival.

Name _____ Birth date _____ Age _____ Gender _____

Parent/guardian (if applicable) _____

Name (in full) as you would like it to appear on the nametag _____

Address _____ City _____ State _____ Zip _____

Adults Only: Email Address _____ Adults Only: Phone Number _____

Insurance Information

Is the participant covered by family medical/hospital insurance? yes no

Carrier or plan name _____ Policy No. _____ Group No. _____

Medications

Please list all medications taken routinely. Bring enough medication to last the entire camp session. Keep all medication in original packaging/bottle that identifies the prescribing drugs.

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

General Questions (Explain "yes" answers)

1. Have you had any recent injury, illness, or infectious disease? yes no
2. Do you have a chronic recurring illness/condition? yes no
3. Have you ever been hospitalized? yes no
4. Have you ever had surgery? yes no
5. Have you ever had a head injury? yes no
6. Have you ever been knocked unconscious? yes no
7. Have you ever passed out during exercise? yes no
8. Have you ever been dizzy during exercise? yes no
9. Have you ever had a seizure? yes no
10. Have you ever had chest pain during or after exercise? yes no
11. Have you ever had high blood pressure? yes no
12. Have you ever been diagnosed with a heart murmur? yes no
13. Do you have diabetes? yes no
14. Do you have asthma? yes no
15. Have you ever had an eating disorder? yes no
16. Have you ever had emotional difficulties for which professional help was sought? yes no

Please explain "Yes" answers, noting the number of the questions _____

Name _____

Allergies Describe reaction and management of the reaction

Medication allergies (list)

_____	_____
_____	_____
_____	_____

Food allergies (list)

_____	_____
_____	_____
_____	_____

Other allergies (list)

_____	_____
_____	_____
_____	_____

Dietary Restrictions

- Does not eat pork Does not eat eggs Does not eat dairy
 Other (describe) _____

Explain any restriction to activities (e.g. what cannot be done, what adaptation or limitations are necessary)

Use this space to provide any additional information about participant's behavior and physical, emotional, or mental health about which camp should be aware _____

To the best of your knowledge, which of the following has the participant had?

- Chickenpox Measles German Measles Mumps Hepatitis A Hepatitis B
 Hepatitis C TB Mantoux Test Result (if applicable): Positive Negative

Name of family physician _____ Phone _____

*(YOU DO NOT NEED A PHYSICIAN'S SIGNATURE)

Parent/Guardian/Adult Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities as noted.

Signature of custodial parent/guardian or adult camper _____
Printed Name _____ Date _____

If this health history form is for yourself as an adult family member or support person, please complete the section below:

I hereby give permission to Camp Sunshine's medical personnel to provide emergency treatment and basic first aid for the person herein described. I further understand and consent that I am responsible for all medical expenses.

Signature of adult camper _____
Printed Name _____ Date _____