



Consent Form for Treatment at Lions Camp Dorset

*****REQUIRED 3 WEEKS IN ADVANCE OF PATIENT ARRIVAL*****

I _____ am a hemodialysis / peritoneal dialysis patient
(circle correct response) at _____ Hospital.

It is my intention to use the vacation facilities at Lions Camp Dorset.

Dr./NP _____ has indicated that I meet the admission criteria for
attendance at the Camp.

My preference to receive dialysis at camp is: Morning Afternoon Flexible

During my stay at Camp Dorset, I agree to adhere to the medical guidelines and
prescriptions, which have been laid out by the Camp's Medical Team of the Dialysis Unit.
I also realize that while my dialysis will be supervised by qualified dialysis nurses, a
physician may not be present at the Camp. Furthermore, I understand that should a
medical emergency arise, the nearest hospital is in Huntsville, approximately 30 minutes
from Camp Dorset.

I and any guests/family members that I invite to the camp will follow the camp's Code of
Conduct. Should my guests/family or I violate the Code of Conduct, I am aware that I
may be asked to leave the camp grounds.

I wish the Camp staff to be aware that I HAVE / HAVE NOT (circle applicable response)
completed a Power of Attorney for Personal Care. If yes, please attach "Power of Attorney
(POA) document.

Please provide contact information for your 'Substitute Decision Maker' or POA:

Name: _____

Relationship: _____

Contact Information: _____

Patient attending Camp Dorset Signature: _____

Witness: _____

Date: _____