

Renal Team Declaration/Consent

Kidney Care UK Mount Cook Residential Weekend

Friday 9 – Monday 12 September 2022

For completion by one of the following healthcare professionals: Consultant Nephrologist, Renal Registrar, Advanced Nurse Practitioner, Consultant Nurse, Renal Nurse Specialist.

The young adult wishing to attend the Kidney Care UK Young Adult Residential Weekend will be required to complete and return a registration documentation pack, which includes signing up to a code of conduct and adherence to the Covid-19 safety policy. They will also need to forward to the administration team their most recent clinic letter, which should include their relevant medical history, an accurate medication list and up-to-date blood test results. They are also required to complete a comprehensive medical form which details their renal unit weekend emergency contacts.

These documents, and more detailed information regarding the Young Adult Residential Weekend, can be found at www.kidneycareuk.org/YAKG-2022

Should you feel that their last clinic letter does not include all relevant conditions and does not highlight any practical issues relevant to this young adult attending the residential activity weekend in Derbyshire, we kindly request that you provide a supplementary letter or email identifying any issues or concerns.

Please discuss with the young adult the potential associated risks of Covid-19 infection/transmission, in attending a large gathering of people at a residential weekend and encourage them to adhere to the Kidney Care UK Covid-19 safety protocols that will be in place to reduce these risks. The young adult will have their own copy of this protocol, and it can also be viewed at www.kidneycareuk.org/YAKG-2022

Once their place on the Young Adult Residential Weekend is confirmed, if there are any subsequent changes of clinical significance that may affect their attendance, an updated letter will be required.

Please give this form to the young adult to return to the admin team or email it directly to: nuth.newcastlerenalyoungadult@nhs.net

Name of young person: _____

I confirm that I am happy for this patient to take part in the Kidney Care UK Mount Cook Young Adult Residential Weekend at the Mount Cook Adventure Centre.

Signed _____

Date ____/____/____

Print name _____

GMC number _____

NMC number _____