

## Camp Albrecht Acres · 2018 Camp Application · Part 2

### CHECKLIST

#### Part 2 -Printable\*

- **Guardian Consent Form**
- **Medical Form**
  - **Insurance Card**
  - **Immunization Record**
  - **Medicine List**
- **Medical History**
- **Drop Off/Pick Up Policy**

**\*please mail to PO Box 50, 14837 Sherrill Road, Sherrill, IA 52073**

Camp Albrecht Acres · 2018 Camp Application · Part 2  
**CONSENT OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_ **(Initial)** I hereby give my permission for my child/adult/self (NAME \_\_\_\_\_) to attend Camp Albrecht Acres of the Midwest, 14837 Sherill Road, Sherrill, IA 52073. I also understand that a camper's medical and/or behavioral instability, as determined by the camp's personnel and administration, may result in the camp's inability to serve the camper and may result in the camper being sent home. I hereby agree not to send the camper to camp if he/she has been exposed to a contagious or communicable disease within two weeks of the date they are to attend camp, and I will give notification to the camp regarding the condition immediately. This completed form may be copied for trips out of camp.

\_\_\_\_\_ **(Initial)** I hereby give medical personnel at Camp Albrecht Acres of the Midwest permission to dispense medication, both prescription and non-prescription, to my camper. I hereby give my permission to the medical personnel or dental personnel selected by Camp Albrecht Acres of the Midwest to order X-Rays, testing, treatments, hospitalization if necessary, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to services. I understand every attempt to contact me or my designee in the event of illness or emergency will be made by Camp personnel. I acknowledge receipt of the Health Insurance Portability and Accountability Act (HIPAA) form from Camp Albrecht Acres of the Midwest.

\_\_\_\_\_ **(Initial)** I hereby release Camp Albrecht Acres of the Midwest, its Board, employees, staff and volunteers from any liability for personal injury, property damage, or death resulting from my/my campers attendance at Camp Albrecht Acres of the Midwest, in both its natural and manmade facilities and grounds. I further assume full responsibility for any personal injury of any description sustained during said camper's voluntary participation in camp activities. I will not hold Camp Albrecht Acres of the Midwest responsible for any damage to or loss of said camper's personal property. I further understand that Camp Albrecht Acres of the Midwest strives to safeguard the health and safety of all campers and precautions are taken to ensure their health, safety and well-being. I hereby give permission to transport camper to activities held outside of campgrounds.

\_\_\_\_\_ **(Initial)** According to Iowa Administrative Code 441 79.9(4): Recipients must be informed before the service is provided that the recipient will be responsible for the bill of a non-covered service is provided.

\_\_\_\_\_ **(Initial)** I hereby give consent for Camp Albrecht Acres of the Midwest to use photographs of me/my camper for the promotion of camp.

\_\_\_\_\_ **(Initial)** I hereby state that the information I have already and continue to provide to Camp Albrecht Acres of the Midwest in the form of any part of the camper application, campership financial aid application, and any additional application materials has been filled out accurately and completely to the best of my ability. I understand that the information I have provided enables Camp staff to place myself/my camper with adequate staff members and as a participant of certain activities; if the information I provided proves inaccurate it is the right of Camp Albrecht Acres staff members to deny myself/my camper the right to participate and/or attend.

SIGNATURE OF LEGAL GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_  
(must be signed before admittance to camp)

PRINTED NAME OF LEGAL GUARDIAN \_\_\_\_\_

Camp Albrecht Acres · 2018 Camp Application · Part 2  
**CAMP ALBRECHT ACRES MEDICAL FORM**

Send or fax information to: Camp Albrecht Acres

PO Box 50, 14837 Sherrill Road, Sherrill, IA 52073

Fax: (563) 552-2732

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Diagnosis: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ (Must be within 1 calendar year of the last day of anticipated attendance of camp.)

BP: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_ P: \_\_\_\_\_ T: \_\_\_\_\_ R: \_\_\_\_\_

Physical Exam is within normal limits?  Yes  No  
(If no, please explain on a separate sheet.)

Does camper have a Do Not Resuscitate Order?  Yes  No  
(If yes, please enclose copy order.)

In my opinion, the applicant \_\_\_\_\_ participate in a camp program

- May
- May Not
- May with following restrictions \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE ATTACH CURRENT LIST OF MEDICATIONS.**

**PLEASE ATTACH RECORD OF IMMUNIZATIONS.**

For any questions for camp, please email [office@albrechtacres.org](mailto:office@albrechtacres.org) or call (563) 552-1771.

**MEDICAL HISTORY**

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare/Medicaid Number: \_\_\_\_\_ Title XIX Number: \_\_\_\_\_

Allergies to: Drugs: \_\_\_\_\_

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

Does camper have seizures?  Yes  No

If yes, type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Most likely to occur: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Description: \_\_\_\_\_

Camper is susceptible to:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bruises        | <input type="checkbox"/> Bedwetting      | <input type="checkbox"/> Hernia                |
| <input type="checkbox"/> Shunt          | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Arthritis             |
| <input type="checkbox"/> Strokes        | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Diabetes              |
| <input type="checkbox"/> Headaches      | <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Gall Bladder Problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Constipation    | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Ulcers          | _____  |

**CAMP MEDICATION REQUIREMENTS AND PACKING:**

- Camper medications must be prepared in a multi-dose or medication cassette (preferably prepared by a pharmacist). (ie. Bubble packs or daily dose holders)
- Pack medications for each day according to the time they are to be administered.
- LABEL medication packs with camper name, medication, dosage, and time of administration to ensure clarity in timing and dosage.
- Add one additional day's worth of medication.
- Current list of camper's medications with name, dose and administration times is also required.
- No individual packing techniques (envelopes, bags, bottles) will be accepted.
- Failure to have pre-packaged medications will result in delayed check-in and possible fees.
- Medications may be shipped to camp in advance of camp attendance; these campers will have preferred check-in.

**PLEASE ATTACH:**

- COPY OF CURRENT MEDICAID/TITLE XIX/INSURANCE CARD.
- COPY OF RECORD OF IMMUNIZATIONS
- COPY OF CURRENT MEDICATION LIST (non-prescription too).
- COPY OF CURRENT MEDICATION ADMINISTRATION RECORDS FOR CAMPERS RESIDING IN GROUP HOMES OR FACILITIES.

\*The American Camp Association requires each camper must have had a medical exam by a licensed provider in the past 12 months. Please see "Medical Form."

\*Camp Albrecht Acres must keep physical, immunization and medication lists on file for credentialing purposes. However, this paperwork is not credible as part of the camper's application for more than the current camp season. Updates must be made each year the camper attends Camp Albrecht Acres.

Camp Albrecht Acres · 2018 Camp Application · Part 2  
**DROP OFF AND PICK-UP POLICY**

**CHECK-IN TIMES: WEEK**

**Individuals or Groups of up to 3 campers: Check-in at 1:00pm Sunday**  
**4 or more campers: Check-in at 2:00pm Sunday**  
**\*Arrival before designated time will result in a waiting period**

**CHECK-IN TIMES: WEEKEND**

**Individuals or Groups of up to 3 campers: Check-in at 1:00pm Friday**  
**4 or more campers: Check-in at 2:00pm Friday**  
**\*Arrival before designated time will result in a waiting period**

**CHECK-OUT TIMES: WEEK**

**All campers must be picked up no later than 10:30AM Friday.**  
**\*Sick participants or participants being discharged (voluntarily or not) must be picked up within one hour of the notification call. Exceptions may be made at the discretion of the Supervisor on duty or camp director.**

**CHECK-OUT TIMES: WEEKEND**

**All campers must be picked up no later than 10:00AM Sunday.**  
**\*Sick participants or participants being discharged (voluntarily or not) must be picked up within one hour of the notification call. Exceptions may be made at the discretion of the Supervisor on duty or camp director.**

**I understand the participant will only be released to a Parent, Legal Guardian, or Emergency Contact. A photo id may be requested for the camper to be released.**

**I understand that a \$25 charge will be billed for every 30 minutes after 10:30am for a late checkout.**

**Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**Printed Name of Parent/Legal Guardian: \_\_\_\_\_**