

**Camp Albrecht Acres · 2025 Camp Application · Part 1**  
**CHECKLIST FOR COMPLETION OF PART 1**

Please complete the entire Application Part 1 to submit a camper's request to attend camp 2025. The following sections are included in Part 1 and must be completed:

#	Section	Enter DONE when Complete
1	Personal Details	
2.	Camper Placement	
3.	Camper Activity	
4.	Behavior Information	
5.	Payment Information	
6.	Consent of Parent / Guardian	
7.	Iowa HIPAA Medical Authorization Release	

In addition, please attach the following to camper's application:

#	Section	Enter DONE or N/A when Complete
1.	Photo of Camper	
2.	Camper Behavior Plan, if applicable	
3.	Method of Payment (one required): - Check enclosed - Credit card payment confirmation - Insurance or third-party pre-authorization letter to guarantee payment attached	
4.	Campership application, if applicable	

Please mail the completed application and attachments to:  
**Camp Albrecht Acres, PO Box 50, Sherrill, IA 52073**  
 or email all documents to [registration@albrechtacres.org](mailto:registration@albrechtacres.org)

**Important:**

- Only fully completed camper applications will be considered for camper placement. Please be sure to fill out all sections and answer all questions in each section. Incomplete applications will not be processed and will be returned.
- Once we receive the fully completed Camper Application Part 1 and payment, we will hold a spot for your camper on a **first-come, first-served basis**. If your first choice is full, we will make every effort to accommodate your second or third choice. If all weeks are full, we will add camper to the waiting list. Applications will be accepted until June 1, 2025.

**If you have questions, please email [registration@albrechtacres.org](mailto:registration@albrechtacres.org).**

*Thank you!*

# Camp Albrecht Acres · 2025 Camp Application · Part 1

## PERSONAL DETAILS

Camper Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Preferred Name / Nickname: \_\_\_\_\_ Sex:  Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Completing Camper Registration: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Can we text this number?  Yes  No

Camper Lives:  Independently  With family  Foster/Care Family  Group Home  
 Residential Facility  Other \_\_\_\_\_

### Facility Social Worker/Case Worker Information (if applicable)

Facility: \_\_\_\_\_

Social/Case Worker Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Can we text this number?  Yes  No

Email: \_\_\_\_\_

### 24 HOUR EMERGENCY CONTACT *(Do NOT list an office number unless staffed 24 hours/day)*

**Emergency Contact #1:** Listed person will be called 1st and will be responsible for informing other relevant staff/family members as needed:

Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Is this person aware they are camper's emergency contact?  Yes  No

Phone: \_\_\_\_\_ Can we text this number?  Yes  No

Email: \_\_\_\_\_ City and State: \_\_\_\_\_

**Emergency Contact #2:**

**Contact Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

Is this person aware they are camper's emergency contact?  Yes  No

**Phone:** \_\_\_\_\_ **Can we text this number?**  Yes  No

**Email:** \_\_\_\_\_ **City and State:** \_\_\_\_\_

**Emergency Contact #3:**

**Contact Name:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

Is this person aware they are camper's emergency contact?  Yes  No

**Phone:** \_\_\_\_\_ **Can we text this number?**  Yes  No

**Email:** \_\_\_\_\_ **City and State:** \_\_\_\_\_

**2025 CAMPER SESSIONS**

Please select 3 weeks camper would be able to attend camp by numbering them 1, 2 and 3 below, with 1 being the camper's top choice. If camper is only available 1 or 2 sessions, please only mark those. Staff will do their best to honor camper's first choice, but please note, sessions are filled on a first come, first served basis at the discretion of Staff.

- \_\_\_\_\_ **Open to any week available**
- \_\_\_\_\_ **Week 1:** June 15-20
- \_\_\_\_\_ **Week 2:** June 22-27
- \_\_\_\_\_ **Day Camp:** July 1
- \_\_\_\_\_ **Week 3:** July 6-11
- \_\_\_\_\_ **Week 4:** July 13-18
- \_\_\_\_\_ **Week 5:** July 20-25
- \_\_\_\_\_ **Week 6:** July 27-August 1
- \_\_\_\_\_ **Week 7:** August 3-8

*Please note that camper's specific session will NOT be reserved until a fully-completed application is received and accepted by Staff.*

*Applications will be accepted until June 1, 2025.*

*Campers under 16 years should sign up for Week 3.*

**Additional information you'd like to share regarding camper's availability or camp preference:**

\_\_\_\_\_  
\_\_\_\_\_

# Camp Albrecht Acres · 2025 Camp Application · Part 1

## CAMPER PLACEMENT INFORMATION

Camper Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Has camper attended camp at Camp Albrecht Acres?  Yes  No (If yes, when?) \_\_\_\_\_

Camper may work better with a Counselor that is:  Female  Male  No Preference

Camp Albrecht Acres works on a 3 campers-to-1 counselor ratio. Is this suitable for your camper?  
 Yes  No  Unsure **If No or Unsure, please explain; be thorough to help us understand how to best serve your camper!** *Note that Camp Staff will determine the appropriate ratio for your camper.*

**Camper's Primary Medical Diagnosis is:** \_\_\_\_\_

**Intellectual Disability:**  None  Mild  Moderate  Severe

Please check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ADHD                    | <input type="checkbox"/> Cerebral Palsy     | <input type="checkbox"/> Multiple Sclerosis     |
| <input type="checkbox"/> Alzheimers              | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Muscular Dystrophy     |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Down Syndrome      | <input type="checkbox"/> Orthopedic Impaired    |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Speech Impaired        |
| <input type="checkbox"/> Autistic                | <input type="checkbox"/> Feeding Tube       | <input type="checkbox"/> Spina Bifida           |
| <input type="checkbox"/> Behavior Disorder       | <input type="checkbox"/> Hearing Impaired   | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Brain Injury            | <input type="checkbox"/> Hydrocephalic      | <input type="checkbox"/> Visually Impaired      |
| <input type="checkbox"/> Cardiovascular Concerns | <input type="checkbox"/> Learning Disabled  | <input type="checkbox"/> Other: _____           |

Seizures: TYPE: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Most likely to occur: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

**What Adaptive Equipment does Camper utilize?** (Please check all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Power-assisted Wheelchair | <input type="checkbox"/> Raised Toilet Seat          | <input type="checkbox"/> Contacts     |
| <input type="checkbox"/> Wheelchair                | <input type="checkbox"/> Hoyer Lift                  | <input type="checkbox"/> Dentures     |
| <input type="checkbox"/> Walker                    | <input type="checkbox"/> Sit-to-stand Lift           | <input type="checkbox"/> Glasses      |
| <input type="checkbox"/> Cane                      | <input type="checkbox"/> Adaptive self-feeding tools | <input type="checkbox"/> Hearing Aids |
| <input type="checkbox"/> Other: _____              |  |                                       |

*Please note that camp does not provide personal use adaptive equipment.*

Will camper be bringing a lift to camp?  Yes  No

**Please use the chart on the next page to give staff an accurate description of how your camper completes their activities of daily living.**

**Put an “X” in one box for each activity. Please provide an explanation for any “Minimal Assistance” or “Complete Assistance” selections.**

Activity	Independent	Minimal Assistance*	Complete Assistance*	*Explanation Required
Standing				
Transfer				
Walking				
Climbing Stairs				
Gross Motor Skills (jumping)				
Ability to walk long distances (i.e., 150 yards)				
Dressing				
Brushing Teeth				
Washing face/hands				
Showering				
Toileting				
Menstrual Care				
Portion Taking				
Cutting Food				
Placing Food in Mouth				
Monitoring Food Intake				

**What type of diet does camper follow?** (Check all that apply)

- Regular diet (no restrictions)       Mechanical soft diet  
 Soft diet       Puree diet  
 Other, please explain \_\_\_\_\_

**Does camper’s dietary restrictions include any of the following?** (Check all that apply)

- Lactose intolerance       Vegan  
 Gluten intolerance or sensitivity       Dairy-free  
 Vegetarian       Diabetic / Low sugar  
 Other, please explain \_\_\_\_\_

**Does camper have any food allergies?**  Yes  No

If yes, please list: \_\_\_\_\_

# Camp Albrecht Acres · 2025 Camp Application · Part 1

## CAMPER ACTIVITY LEVEL

**Camper Communication:** Camper is able to (check Yes or No):

Read:  Yes  No

Sign Language:  Yes  No

Write:  Yes  No

Gesture:  Yes  No

Speak verbally:  Yes  No

Use Communication Technology:  Yes  No

Please describe all “no” answers, any communication technology your camper uses, and share any other pertinent information related to camper’s modes of communication:

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### Sleep and Rest Info:

Does camper usually take a nap during the day?  Yes  No

If yes, what time and how long: \_\_\_\_\_

Does your camper generally sleep throughout the night?  Yes  No

If no, what helps camper go back to sleep? \_\_\_\_\_

Does camper have any special bedtime or wake up routines that camp staff should expect to help camper with? \_\_\_\_\_

Camper typically gets \_\_\_\_\_ hours of sleep per night.

Camper generally goes to bed at \_\_\_\_\_ pm and wakes up at \_\_\_\_\_ am.

*\*Please note camp staff is available to campers overnight as they will sleep in the same room; however, camper will need to wake staff up, if needed, as we do not have overnight staff. If this could be a potential issue, please contact us to discuss further.*

Camper uses a:  CPAP  BIPAP Other Sleep-Aid(explain) \_\_\_\_\_

### Activity Information:

Would your camper enjoy getting into the swimming pool or spa?  Yes  No  Unsure

Is camper afraid of water?  Yes  No

Can camper swim?  Yes  No

Does the camper adjust easily to water temperature change?  Yes  No  Unsure

Is swimming an activity that the camper is excited about?  Yes  No  Unsure

Does camper typically wear/use a flotation device while swimming?  Yes  No

*All campers are required to wear a life jacket at all times while in the pool area. However, a camper can opt-out of this requirement by passing a Staff-approved swim test. Does your camper have your authorization to take the swim test and, if camper passes, to swim without a life-jacket?*

Yes  No

Provide any additional comments regarding water activities: \_\_\_\_\_

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Any concerns with camper using sunscreen?  Yes  No If yes, please explain: \_\_\_\_\_

Does camper have seasonal/environmental allergies?  Yes  No  
If yes, please explain likely reaction and treatment: \_\_\_\_\_

Does camper have any fears of outdoor activities/items that would impact their experience?  
(example, fear of fish, fear of bugs, fear of campfires, etc.)  Yes  No  
If yes, please elaborate: \_\_\_\_\_

Do you expect camper will experience homesickness?  Yes  No If yes, how would you like staff  
to address? \_\_\_\_\_

Please share 4 of camper's favorite activities/hobbies when they are at home:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If camper has been to Camp Albrecht Acres before, please share 4 of camper's favorite camp  
activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are there any activities that camper dislikes that we should be aware of?

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# Camp Albrecht Acres · 2025 Camp Application · Part 1

## CAMPER BEHAVIOR FORM

Does your camper have an established Behavior Plan?  Yes  No

If YES, please attach the Behavior Plan to this application. Applications will not be considered without the Behavior Plan.

If NO, please complete the following statement:

I (printed name), \_\_\_\_\_, attest that camper does not have a Behavior Plan.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Does your camper regularly need seclusion or restraint to keep them, or those around them, safe?

Yes  No If Yes, please explain: \_\_\_\_\_

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I (printed name), \_\_\_\_\_ understand that Camp Albrecht Acres is a restraint free, hands-off facility. This means we do not use restraints or holds, physical or chemical, to control campers. In the extreme circumstance that a camper may need to be restrained for their safety or the safety of others, camp staff will contact emergency services.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Camp Albrecht Acres has a Sensory Room where campers can go to proactively self-regulate their emotions or reduce over-stimulation. This room is not used for restraint or seclusion purposes, but serves as a tool to assist a camper to manage their behavior. Staff may suggest the Sensory Room to a camper, but a camper is never forced or coerced into using the Sensory Room.

I (printed name), \_\_\_\_\_ understand that the Sensory Room is not used for restraint or seclusion purposes. Camper can freely enter the Sensory Room while under staff supervision.

Signed \_\_\_\_\_ Date \_\_\_\_\_

All campers sleep in a single bed, with optional siderails. Should siderails be used while camper is asleep?

Yes  No

I (printed name), \_\_\_\_\_ authorize the use of bed siderails while camper is in bed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Behavior:** In the grid below, please indicate how often, if ever, the following behaviors occur and how staff should respond if they occur while at camp. Remember that camp is a different environment with lots of unique experiences that can trigger and overwhelm. Please be as detailed as you can with your responses in order for us to best help your camper!

Behavior	Never	Seldom	Often	Please explain:
Destroys belongings or property				
Self-Harm				
Aggressive towards others (e.g., family, peers, staff)				
Hair Pulling				
Uses Inappropriate Words				
Inappropriate Sexual Behavior				
Difficulty with Transitions				
Spits on Others				
Incontinence (on Purpose)				
Smears Feces				
Removes Clothing				
Elopement - Purposefully leaving				
Wanders - Mindlessly leaving				
Stops Communicating				
Hyper Emotional				
Biting				
Impulsivity				
Touches Others without Permission				
Screams/Yells				
Other?				
Other?				

What suggestions, techniques and strategies can you share to help us work through any behaviors?

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What conditions or circumstances typically triggers behaviors?

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**Does camper smoke?**       Yes \*     No

**Does camper vape?**       Yes \*     No

*\*If yes, please know that Camp Albrecht Acres policy indicates the camper must sign a contract with camp which explains designated smoking times and places as well as storage of cigarettes, lighters, vapes, paraphernalia, etc. Campers must safely be able to operate and control all related items without the help of staff. Campers will not be allowed to keep these items on their person while camp is in session. Per the contract, staff will give these items to campers at designated times and in designated areas. Note that recreational drugs, such as marijuana, are not allowed at Camp Albrecht Acres.*

# Camp Albrecht Acres · 2025 Camp Application · Part 1

## PAYMENT INFORMATION

Camper Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

The 2025 Camp Fee must be included with this application. If you cannot pay the entire 2025 Camp Fee of \$700 at this time, you may request financial aid known as a “campership” for up to \$350. Please note that a campership is not available for Day camp, or for campers who attend multiple weeks of camp. If you request a campership, please pay the portion of the fee you are able to afford at this time. If you request a campership, please see the “Camper” tab on our website, complete the Campership Application, and return the Campership Application with Part 1.

### Camp Fee\*:

**WEEK Camp: \$700**

**DAY Camp: \$100** (Full payment is required with Part 1 of Application)

*\*Please note, the actual cost to attend camp is around \$2,000. Thanks to our donors and community support, we are able to offer discounted camp fees.*

**Please indicate payment method below. *Please note that until full payment, or a guarantee of payment, is received, or a campership is approved, Part 1 of the application will not be considered complete and the Camper will not be assigned to a specific camp session.***

**Full payment of \$ \_\_\_\_\_ is being made by:**

Check #: \_\_\_\_\_

Online Credit Card Payment made through Camp’s website

Date Paid: \_\_\_\_\_

Payment has already been sent to Camp. Check is not enclosed.

**Someone else is paying \$ \_\_\_\_\_ Please e-mail an invoice to:**

Name of Person / Contact: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment of \$ \_\_\_\_\_ will be made through insurance

Name of Insurance Plan: \_\_\_\_\_

*Please attach a copy of the Authorization Letter, Notice of Decision, Waiver or other "guarantee to pay" document when submitting Part 1.*

\_\_\_\_\_ (initial) I hereby give Camp Albrecht Acres authorization to release information needed to bill the above provider.

I would like to request a campership in the amount of \$ \_\_\_\_\_

I have enclosed a \$ \_\_\_\_\_ check as downpayment.

Check#: \_\_\_\_\_

I have paid \$ \_\_\_\_\_ downpayment by Credit Card on Camp's website

Date Paid: \_\_\_\_\_

*Please attach a copy of the completed Campership Application and all required documentation when submitting Part 1.*

Optional comments regarding payment: \_\_\_\_\_

#### CANCELLATION POLICY

We do understand that for various reasons you may have to cancel. If this should happen, please call the main office (563-552-1771) as soon as possible so we can give someone on our waiting list a chance to attend. As a general rule, if cancellation is made:

- More than 3 weeks ahead of your scheduled camp session, all but \$100 of your payment will be refunded.
- Between 3 weeks and 7 days prior to the first day of your scheduled camp session, \$200 is non-refundable.
- If a cancellation is made 7 days or less before the start of the camp session, no portion of the payment is refundable.

Camp Albrecht Acres reserves the right to deny a refund for any reason, or to alter or cancel any scheduled camp session for any reason. If Camp Albrecht Acres cancels a camp session, all CAA camp fees paid will be refunded for the cancelled session.

To submit, please save the completed document as a PDF and  
**email it as an attachment to [registration@albrechtacres.org](mailto:registration@albrechtacres.org)**  
**OR print and mail completed application to**  
**Camp Albrecht Acres, PO Box 50, Sherrill, Iowa 52073**

Once received and processed, a confirmation email will be sent  
within 10-14 business days.

# CAMP Albrecht Acres · 2025 CAMP Application · Part 1

## CONSENT OF PARENT / LEGAL GUARDIAN

\_\_\_\_\_ (Initial) I [name of Parent or Legal Guardian] \_\_\_\_\_

hereby give my permission for [camper name] \_\_\_\_\_ (“CAMPER”) to attend Camp Albrecht Acres of the Midwest (“CAMP”), located at 14837 Sherill Road, Sherrill, IA 52073. I also understand that a CAMPER’s medical and/or behavioral instability, as determined solely by CAMP’s personnel and administration, may result in CAMP’s inability to serve CAMPER and may result in CAMPER being sent home.

\_\_\_\_\_ (Initial) I hereby agree not to send 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 immediately notify CAMP staff regarding the condition. This completed form may be copied for trips out of CAMP. I understand that any fees paid by CAMPER may not be refunded, as determined by CAMP.

\_\_\_\_\_ (Initial) I hereby give medical personnel at CAMP permission to dispense medication, both prescription and non-prescription, to CAMPER. I hereby give my permission to the medical personnel or dental personnel selected by CAMP to order X-Rays, testing, treatments, hospitalization, or the like, as necessary; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation related to any applicable service. I understand CAMP personnel will make every attempt to contact me, or other Emergency Contacts as noted the CAMPER’s application, in the event of illness or emergency. I acknowledge receipt of the Health Insurance Portability and Accountability Act (HIPAA) form from CAMP.

\_\_\_\_\_ (Initial) I hereby release CAMP, its Board, employees, staff and volunteers from any liability for personal injury, property damage, or death resulting from CAMPER’s attendance at CAMP, 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 responsible for any damage to or loss of said CAMPER’s personal property. I further understand that CAMP 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 CAMP grounds.

\_\_\_\_\_ (Initial) I hereby attest that in the instance that CAMPER experiences any injury, illness, or other occurrence prior to the date of camp session that could impact their or another camper’s experience at CAMP, I will inform CAMP staff by calling the office (563) 552-1771 or emailing [registration@albrechtacres.org](mailto:registration@albrechtacres.org) prior to the start of the CAMPER’s session.

\_\_\_\_\_ (Initial) I hereby attest that I have received a copy of the CAMP Parent/Caregiver Handbook, or reviewed the CAMP Parent/Caregiver Handbook online at <http://www.albrechtacres.org/summer-camp-handbook.html>, and have read the policies/guidelines within, and agree to work within and abide by those policies/guidelines, in addition to any other guidance provided by CAMP staff as they deem necessary. I understand that all policies/guidelines are in place for the safety and success of campers, staff, volunteers, and visitors of CAMP.

\_\_\_\_\_ (Initial) I hereby state that the information I have already and continue to provide to CAMP, in the form of any part of the CAMPER application, campership financial aid application, and any additional CAMP materials, has been filled out accurately and completely to the best of my knowledge. I understand that the information I have provided enables CAMP staff to place 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 staff to deny CAMPER the right to participate and/or attend their camp session.

\_\_\_\_\_ (Initial) I (printed name), \_\_\_\_\_ grant permission to CAMP, and to any third-party authorized by CAMP, to use photos, videos, and any other recording or reproduction of my CAMPER for use in CAMP promotional materials and/or as otherwise seen fit by CAMP. Promotional materials may include, but are not limited to, CAMP website, brochure, postcards, Facebook, Instagram or other digital, print or electronic media. If permission is *not* granted, enter NO here \_\_\_\_\_.

**\* Please review to confirm you have initialed all items above \***

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_  
*(must be signed by the person listed above as Parent or Legal Guardian)*

DATE: \_\_\_\_\_

# Camp Albrecht Acres · 2025 Camp Application · Part 1

## IOWA HIPAA MEDICAL AUTHORIZATION RELEASE FORM

I (printed name), \_\_\_\_\_, as the Camper or the Camper's legal representative ("I"), authorize Camp Albrecht Acres of the Midwest ("CAA") to release and deliver confidential medical information according to this Authorization:

Camper Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Camper Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Camper Street Address: \_\_\_\_\_

Camper City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper Maiden / Previous Names: \_\_\_\_\_

Camper Phone: \_\_\_\_\_

### PURPOSE OF RELEASE

- Transferring medical care
- Insurance coverage
- Case coordination/referral
- Legal purposes

This authorization is effective for one year from the date on which it is signed. I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance upon it. I understand I have the right to inspect the information to be disclosed upon the proper notification.

CAA ("Release") does not require completion of this form as a condition of evaluation or treatment. However, if the evaluation or treatment is solely for the purpose of creating a medical report for a third party, those services are subject to cancellation if authorization to release the information to that party is not provided.

I understand that the person or entity that receives the information requested may not be covered by the federal privacy regulations or is not an individual or entity who has signed an agreement with a covered person or entity and the medical information may no longer be protected by the regulations.

**Electronic transmission of records (Faxing/E- mail)** I authorize electronic transmission (fax/secure e-mail) of Camper's medical records. If any portion of the fax/e-mail is received by an inappropriate third party in error, I release the Releasee, its physicians and staff of any and all liability relating to the disclosure of said records. Records may be provided in electronic form on a secure disk. Paper records are available upon request.

I understand that information to be released may include material that is protected by Federal and/or State law concerning mental health, substance abuse treatment, AIDS-related information and genetics unless I specifically deny the release by initialing the category below:

**Please check and initial beside any category you do NOT want to be released.**

- Substance abuse (drug or alcohol): \_\_\_\_\_
- Genetics: \_\_\_\_\_
- Mental health information: \_\_\_\_\_
- AIDS-related information, diagnosis, & test results: \_\_\_\_\_

**I SPECIFICALLY AUTHORIZE the disclosure and redisclosure of Camper's confidential information to Camp Albrecht Acres of the Midwest. I hereby give my permission to release any records necessary to the medical personnel or dental personnel selected by CAA. I further attest that I have the authority to act on behalf of the Camper as their representative. If mental health information is being disclosed, I acknowledge receipt of a copy of this authorization.**

\_\_\_\_\_  
*Signature of Camper or Camper's Legal Representative*

\_\_\_\_\_  
*Printed name and relationship of Campers's Legal Representative*

\_\_\_\_\_  
*Date*