

Camp Albrecht Acres · 2026 Camp Application · Part 2

CHECKLIST FOR COMPLETION OF PART 2

Please note the camper's application is not complete until Part 2 and supporting documents are received by CAA.

#	Section	Enter DONE when Complete
1	Physician Examination Form (NOTE that this must be completed by a licensed medical professional. It must be within the prior 12 months of the camper's arrival date).	
2.	Medications	

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

#	Section	Enter DONE or N/A when Complete
1.	Insurance card that covers Camper's prescriptions	
2.	IF you indicated in Part 1 of the Camper Application that your camper has been cleared to safely administer their own medication, please add supporting documentation created/signed by the camper's physician.	
3.	System-generated Immunization Record	
4.	Either a Medication Order / List, or Medication Administration Record (MAR) <i>Please ensure that non-prescription drugs are included (e.g., daily vitamin, Tums)</i>	
5.	Camper's Case Manager or Care Plan	

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

If you have questions, please email registration@albrechtacres.org.

Thank you!



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Physician Form

The camper named below (“Camper”) has been approved to attend camp at Camp Albrecht Acres of the Midwest (“CAA”). CAA has been given permission by the camper, parent or legal guardian identified in Part 1 of the camper’s Application to engage in all camp activities except as noted below. CAA has also been given permission to: provide routine health care under the guidance of CAA’s medical staff; administer prescribed or PRN medications; seek emergency medical treatment including, but not limited to, ordering x-rays, routine tests, etc.; release any records necessary for treatment, referral, billing, or insurance purposes; arrange medically-related transportation, as needed. If the parent/legal guardian cannot be reached in an emergency, CAA has been given permission to contact a physician, medical clinic or hospital selected by CAA to secure and administer treatment, including hospitalization.

Camper Name: _____ **DOB:** _____ **Last 4 SSN:** _____

Address: _____

City / State / Zip: _____

Parent / Guardian Name: _____ **Relationship to Camper:** _____

City/State: _____ **Phone:** _____

Name/Credentials of Licensed Medical Personnel completing this Form: _____

Camper’s Primary Physician/Credentials: _____

Medical Clinic or Group Affiliation, if applicable: _____

City: _____ **State:** _____ **Office Phone #:** _____

Camper’s Insurance Information:

Medical Assistance / ID #: _____ Medicare Medicaid

Insurance ID #: _____ **Group#:** _____

Insurance Company: _____

Insurer/Plan Name: _____

Customer Service Phone#: _____

Medical Examination Information:

Medical exams for Camp Albrecht Acres must be completed on this form. No other documentation format will be accepted. ***ALL exams must be completed on this form and returned to camp three weeks before camp attendance.*** Campers who arrive to camp for their session who do not have a recently-completed physical examination WILL NOT be permitted to stay at CAA until one is received. ***CAA requires annual medical exams. The Exam must be completed within the 12 months prior to arrival for the camper’s session.***

Date of Camper's Examination [month / day / year]: _____ / _____ / _____

Examined by: _____

BP: _____ **Pulse:** _____ **Weight:** _____ **Height:** _____

Is Camper free of Communicable Disease as of the date of Camper's examination? YES NO

Describe any Camp activity restrictions. Does Camper have activity restrictions? YES NO

Strenuous Exercise / Physical Activity: _____

Hiking: _____ **Swimming:** _____

Other Restrictions: _____

Blood/Body Fluid Precaution? YES NO **If yes, Type:** _____

Non-Drug Allergies (please explain drug and reaction): _____

Drug Allergies (please explain drug and reaction): _____

Does Camper have a history of or experienced seizures or convulsions? YES NO

If yes, Date of last seizure: _____ **Type of seizures:** _____

Frequency: _____ **At what point do we call EMS?** _____

Additional information regarding seizures: _____

Immunizations: Has Camper been immunized against the following? If yes, list most recent date.

MMR #1: _____ **MMR #2:** _____ **MMR #3:** _____ **Pertussis:** _____

Tetanus: _____ *If not immunized for Tetanus in the past 10 years, please do so prior to attendance.*

TB Skin Test: _____ **Hep B #1:** _____ **Hep B #2:** _____ **Hep B #3:** _____

Other Immunizations and date: _____

Has Camper's health and/or medication changed in the past 12 months? If yes, explain:

Please explain any hospitalizations or illnesses in 2025, including date: _____

Does Camper have abnormality of:

- YES NO **Ears**
- YES NO **Nose**
- YES NO **Throat**
- YES NO **Skin**
- YES NO **Eyes**
- YES NO **Scalp**
- YES NO **Heart**
- YES NO **Lungs**
- YES NO **Extremities**
- YES NO **Abdomen**
- YES NO **Varicosities**
- YES NO **Genitalia**
- YES NO **Neurologic**

Does Camper have history of:

- YES NO **Asthma**
- YES NO **Hernia**
- YES NO **Kidney Disease**
- YES NO **Diabetes**
- YES NO **TB**
- YES NO **Hepatitis**
- YES NO **Heart Disease**
- YES NO **Frequent Colds**
- YES NO **UTIs**
- YES NO **Stomach Disorders**
- YES NO **Previous Surgery**
- YES NO **Recent Illness**
- YES NO **Other**

Please explain any abnormalities or history identified above: _____

Please provide any further information for CAA medical staff regarding current or past health conditions which may require additional attention, treatment or special considerations while at Camp?

I have examined the herein named Camper and have reviewed the health history and find this person to be free of any contagious disease. I find this individual able to participate in a camp experience with the previously listed restrictions.

Signature of Licensed Medical Personnel

Date

Printed Name

Title

Address, City, State, Zip

Phone

Fax

THIS FORM MUST BE RETURNED NO LATER THAN THREE (3) WEEKS PRIOR TO ATTENDANCE. ANY CAMPER THAT ARRIVES AT CAMP WITHOUT THIS FORM SIGNED WILL BE SENT HOME.



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Medications

Camper Name: _____

PLEASE ATTACH A COPY OF THE FOLLOWING REQUIRED DOCUMENTS FOR CAMPER:

1. Insurance card that covers Camper's prescriptions
2. Current Immunization Record
3. A Medication Order / List, or a Medication Administration Record (MAR) for camper's residing in a group home or facility. Please ensure that non-prescription drugs are included.

Preferred Pharmacy: _____ Phone: _____

How does Camper take their medications?

- Crushed Whole
 With water With applesauce* With pudding* *Please send along with camper
Through a feeding tube? YES NO

Additional information on medications: _____

Does Camper carry an EpiPen? YES NO If yes, what is the protocol for an allergic reaction?

CAMPER MEDICATION AND PACKING REQUIREMENTS:

Camper medications for the camp week must be prepared in medication blister packs (aka, bubble packs) which are preferably prepared by a pharmacist. Please include one additional day's worth of medication. Blister/bubble packs can be ordered through online retailers, like Amazon. Please note that blister/bubble packs will not be available at Camp.

No individual packing techniques (envelopes, bags, bottles, etc.) will be accepted. Failure to have pre-packaged medications in blister/bubble packs means Camper will be unable to attend their session.

Please note that scheduled, non-prescription drugs (e.g., vitamins, Tums) must also be provided in a blister/bubble pack. Please use a second blister/bubble pack for if non-prescription drugs are not packaged with the prescription drugs.

I (printed name), _____, attest that I have read the CAMPER MEDICATION AND PACKING REQUIREMENTS above and will ensure Camper's medications comply with the requirements. I understand that Camper will NOT be able to attend camp at Camp Albrecht Acres if medications do not comply with the requirements, or if the required documents are not provided in advance of camper's arrival at Camp.

Signed _____ Date _____