

KEEP* ADULT REGISTRATION FORM

*KEEP (Kern Environmental Education Program)

Registration constitutes permission for you to participate in all activities at KEEP operated by the Kern County Superintendent of Schools.

Name: _____ Home Phone: _____
 Date of Birth: _____ Work Phone: _____
 Dates at KEEP: _____ Cell Phone: _____
 School: _____ Address: _____
 Teacher: _____

SPECIAL HEALTH INFORMATION:

1. Do you have a specialized health care condition? If **yes** to any of these conditions, contact Assistant Superintendent Desiree VonFlue (661-636-4629) and notify your child's teacher immediately.
 - a. Medications requiring injections or suppositories No Yes Comments: _____
 - b. Diabetes No Yes Comments: _____
 - c. Severe food or nut allergy (requiring Epipen) No Yes Comments: _____
 - d. Severe asthma requiring daily nebulizer use. No Yes Comments: _____
 - e. Respiratory Restrictions (i.e. limiting activity). No Yes Comments: _____
 - f. Severe bee sting reaction (requiring Epipen) No Yes Comments: _____
 - g. Mobility limitations No Yes Comments: _____
 - h. Seizures No Yes Comments: _____
 - i. Recent hospitalization or surgery No Yes Comments: _____
 - j. Other serious health conditions. No Yes If yes, describe _____

GENERAL HEALTH INFORMATION:

2. Are you taking medication? No Yes If yes, store in the KEEP office when you arrive.
3. Health condition that would limit outdoor activity:
 - a. Recent illness or exposure to illness? No Yes Comments: _____
 - b. Recent broken bones, sprains, etc.? No Yes Comments: _____
 - c. Asthma? No Yes Comments: _____
 - d. Heart condition, other physical limitations? No Yes Comments: _____
4. Other factors that may affect your care? No Yes Comments: _____
5. Allergy and Dietary Information:
 - a. Vegetarian No Yes Comments: _____
 - b. Food Allergies No Yes Comments: _____
 - c. Medication Allergies No Yes Comments: _____
 - d. Insect Allergies No Yes Comments: _____
 - e. Other Allergy and Dietary Concerns No Yes If yes, describe _____
6. Have you had your tetanus series or booster? No Yes If yes, what date? _____
7. Are you covered by:

Medi-Cal?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Card number _____	(attach copy of card)
Medical Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Company Name _____	
		Policy Number _____	(attach copy of card)
8. If you cannot be located in case of an emergency, who should be called?

Contact 1: Name: _____	Relationship _____	Home #: (____) _____	Cell #: (____) _____
Contact 2: Name: _____	Relationship _____	Home #: (____) _____	Cell #: (____) _____

AUTHORIZATION FOR MEDICAL TREATMENT. I hereby authorize KEEP to provide medical and/or surgical care, through the facilities of an appropriate medical facility for myself in any emergency which may occur while I am in attendance at KEEP and I further authorize release of such medical information pertaining to me as the treating physician or medical facility may require. I hereby give my permission for KEEP to authorize tetanus shot or booster if deemed advisable by a physician at the appropriate medical facility. **This statement must be signed to be accepted at KEEP.**

Signature

I hereby give permission for myself to be photographed or videotaped by employees of KEEP and Kern County Superintendent of Schools for educational and promotional use on the KEEP website, social media, television, on brochures or other printed materials.

Signature

KEEP ADULT COUNSELOR BEHAVIOR CONTRACT

KEEP is depending on you as a counselor. Please read, initial each statement, and sign at the bottom of this contract. Turn this contract in with your registration form.

As a counselor at KEEP I understand that:

- _____ I will be assigned to specific responsibilities for 7-13 elementary students.
- _____ I will be looked up to by these students which will require me to be an excellent role model at all times.
- _____ I will be expected to follow all KEEP rules along with the students and I will support those rules. For example, no cell phones, candy, soda or gum in front of the students.
- _____ If a student is misbehaving or breaking a rule, I will be expected to take the student to his/her teacher or a staff member.
- _____ The KEEP staff and classroom teachers will be available 24 hours per day to assist and support me with any situation I may encounter.

As a counselor at KEEP I verify that:

- _____ I am physically able and willing to accompany the students on all hikes, up to six (6) miles a day with elevation gains over 1000 feet.

As a counselor at KEEP I agree that:

- _____ I will **not** use inappropriate language during my KEEP week.
- _____ I will **not** hit, touch, or raise my voice to any person for any reason.
- _____ I will **not** use alcohol, marijuana, tobacco products, or any illegal drugs during my KEEP week.
- _____ I will **not** discuss sexual or religious issues of any kind with the students, nor will I tolerate uncomplimentary remarks regarding one's religious, gender, or ethnic group.
- _____ I will **not** permit teasing or bullying of students in my care.
- _____ I will treat all students with kindness, respect and dignity.

I have read the above counselor contract and understand my responsibilities as a KEEP counselor. I understand that if I do not fulfill my KEEP responsibilities as stated above, I will be sent home.

Please Sign Your Full Name

Date