

KEEP* STUDENT REGISTRATION FORM

**KEEP (Kern Environmental Education Program)*

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

Name: _____ Parent/Guardian# 1: _____ Parent/Guardian# 2: _____
Date of Birth: _____ Home Phone# 1: _____ Home Phone# 2: _____
Dates at KEEP: _____ Work Phone# 1: _____ Work Phone# 2: _____
School: _____ Cell Phone# 1: _____ Cell Phone# 2: _____
Teacher: _____ Home Address# 1: _____ Home Address# 2: _____

SPECIAL HEALTH INFORMATION:

1. If **yes** to any of these special health care conditions, complete "Physician's Authorization to Attend" Form. Also, contact Assistant Superintendent Desiree VonFlue (661-636-4629) and notify your child's teacher immediately to arrange a medical shadow.

- 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. Is your child currently taking medication? No Yes If yes, complete KEEP Pupil Medication Form.
- 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. In order to protect children from possible embarrassment, the following information is necessary:
 - a. Does your child walk in his/her sleep? No Yes Comments: _____
 - b. Does your child wet the bed at night? No Yes Comments: _____
 - c. Other factors that may affect the care of your child? 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. Has your child had his/her tetanus series or booster? No Yes If yes, what date? _____
- 7. Is your child covered by:
 - Medi-Cal? No Yes Card number _____ (attach copy of card)
 - Medical Insurance? No 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. If a serious emergency should arise, it might be necessary for a physician to attend to your child before the KEEP staff could get in touch with you. I hereby authorize KEEP to provide medical and/or surgical care, through the facilities of an appropriate medical facility for the above named student in any emergency which may occur while he/she is in attendance at KEEP and I further authorize release of such medical information pertaining to the student 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 before your child can be accepted at KEEP.**

Parent/Guardian Signature

I hereby give permission for my child 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.

Parent/Guardian Signature