

### KEEP\* HIGH SCHOOL 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. 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? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes	Card number _____	<i>(attach copy of card)</i>
Medical Insurance? . . . . .	<input type="checkbox"/> No <input type="checkbox"/> Yes	Company Name _____	
		Policy Number _____	<i>(attach copy of card)</i>
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

## KEEP HIGH SCHOOL 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. Please note that your parent or guardian's signature is also required if you are under 18 years old.

### 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 per 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, 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 complimentary 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

I understand that if my child does not fulfill his/her KEEP responsibilities as outlined above, the KEEP staff and classroom teachers must dismiss him/her immediately and that I will be notified and expected to transport my child home immediately.

\_\_\_\_\_

Parent/Guardian signature  
(if counselor under 18 years)

\_\_\_\_\_

date