



Mary C. Barlow  
Kern County Superintendent of Schools  
1300 17th Street - CITY CENTRE  
Bakersfield, CA 93301-4533

## Camp KEEP Emergency Pick Up Form

I (or my emergency designee) will be available 24 hours a day during my child's stay at KEEP.

I will be responsive to phone calls from my school, my child's teacher, or Camp KEEP (area code 805).

In the event my child needs to be picked up due to COVID-19 symptoms, COVID-19 exposure, or other illness, injury, or misbehavior, I will pick up my child within 4 hours of emergency notification.

If needed, I will arrange alternate pickup arrangements using the emergency contacts listed below. I have checked that these numbers are current & informed my emergency contacts of this need.

Parent's Name Printed: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

1st Parent/Guardian: (name) \_\_\_\_\_ (relationship) \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

2nd Parent/Guardian: (name) \_\_\_\_\_ (relationship) \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

1st Emergency Contact: (name) \_\_\_\_\_ (relationship) \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

2nd Emergency Contact: (name) \_\_\_\_\_ (relationship) \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_