CONTENTS

BEFORE COMING TO CAMP ........................................... 1
  Vaccinations .................................................. 1
  Pre-Camp Negative COVID-19 Test Requirement .......... 1
  School and Student Registration ............................. 1

WHILE AT CAMP KEEP .............................................. 2
  Face Coverings and PPE ...................................... 2
  Hand Washing .................................................. 2
  Cleaning Procedures .......................................... 2

PROGRAM MODIFICATIONS ................................. 3
  Transportation to Camp ........................................ 3
  Arrival at Camp KEEP ......................................... 3
  Student Grouping/Cohorts .................................... 3
  Participant Sleeping Arrangements .......................... 3
  Ventilation ...................................................... 3
  Meal Procedures ............................................... 3
  Departure Day ................................................ 3

COVID-19 SAFETY AND RESPONSE ....................... 3
SYMPTOM SCREENING ............................................. 3
  COVID-19 Testing Before Camp ............................... 4
  COVID-19 Testing During the Week .......................... 4

Health Center Procedures .................................. 4

STUDENT ISOLATION AND CONTACT TRACING ........ 5
  Back at Home .................................................. 5
  Group Contact Tracing ....................................... 6

CLASSROOM TEACHER/CHAPERONE ISOLATION .... 6
  AND CONTACT TRACING ....................................... 6

KEEP EMPLOYEES COVID-19 PREVENTION AND RESPONSE 7
  General Expectations for Staff ................................ 7
  Vaccination and COVID-19 Testing for Staff ............ 7
  Staff Quarantine & Isolation ............................... 7

APPENDIX A
  Student Registration Form

APPENDIX B
  Antigen Testing Consent

APPENDIX C
  Pre-Travel Health Screening

APPENDIX D
  Student Medication Form

APPENDIX E
  Emergency Pick Up Form

APPENDIX F
  Adult Registration Form and Counselor Behavior Contract

APPENDIX G
  Pre-Departure School Health Assessment Certification

APPENDIX H
  Daily Health Screening and Temperature Log

APPENDIX I
  Packing List

APPENDIX J
  Hand Washing Poster

APPENDIX K
  Decision Tree Guidance 22-23

APPENDIX L
  Covid-19 Individual Exposure Notification Letter
OVERVIEW

After living with the COVID-19 pandemic for the past three years, we know everyone affiliated with Camp KEEP (Kern Environmental Education Program) will be anxious and have questions about returning to the shared residential camp environment. These guidelines and directions are written to answer your questions about COVID-19 protocols at KEEP. We hope this information addresses any concerns.

Camp KEEP COVID-19 prevention protocols begin before our campers pack their bags and continue after students return home. All KEEP guidelines described within this document are written based on recommendations from the Center for Disease Control (CDC) and the California Department of Public Health (CDPH).

BEFORE COMING TO CAMP

Vaccinations

Vaccinations are important for everyone’s safety. All KEEP staff, participating school staff, participating students and adult chaperones/counselors are STRONGLY ENCOURAGED to be fully vaccinated before participating in the KEEP experience. As per the State Public Health order of August 11, 2021, all schools must verify vaccination status of all staff. If KEEP staff, or a visiting school site staff member are NOT vaccinated, they must be tested at least once weekly with either an FDA approved PCR or antigen test.

Pre-Camp Negative COVID-19 Test Requirement

Before coming to camp, each student, adult chaperone/counselor, or school staff member, regardless of vaccination status, must provide proof of a negative COVID-19 antigen test within 24 hours of departure. It is highly recommended that tests be completed at the school site the morning of departure. Any participating individual who is not able to provide proof of a negative COVID-19 PCR test, or rapid antigen test, will not be allowed to board the bus or attend camp until such time as proof can be provided. Once negative test results do become available, the school may call camp, on behalf of the parent/guardian, to arrange to bring the child to camp for the remainder of the week provided the child has not had any symptoms within the last 24 hours.

School and Student Registration

Before their trip, schools must distribute, collect and submit all required and appropriate registration forms, including the following:

- 2022-23 Student Registration & Health Form (Appendix A)
  - For contact tracing purposes and as applicable, attach a copy of students’ vaccination cards and/or recent COVID-19 lab-based positive test results to the Student Registration & Health Form

- Antigen Testing Consent (Appendix B)

- Pre-Travel Health Screening (Appendix C)

- Student Medication Form (Appendix D)

- Emergency Pick Up Form (Appendix E)
WHILE AT CAMP KEEP

Face Coverings and PPE

Following CDC, CDPH, KCPH guidelines, and KCSOS protocols, and for everyone's safety, appropriate face coverings (masks that cover the nose and mouth) are strongly recommended indoors for everyone. If public health orders change, this recommendation may become a requirement. While outdoors, face coverings are optional, but they are highly recommended during the evening Campfire programs where students are seated in close proximity. These programs will take place outdoors at the amphitheater, weather-permitting. During inclement weather, students will participate indoors. Students and participating teachers should bring their own school-appropriate face coverings. A minimum of 10 per individual is recommended. KEEP will provide surgical-style disposable masks for anyone whose mask gets lost or damaged. PPE is provided to all KEEP staff by KCSOS as appropriate for their assigned duties. If requested, face shields will be made available to KEEP staff to be used in combination with a mask.

Hand Washing

Hand sanitizer is available throughout the campus, and staff and students are encouraged to use it upon entering and exiting buildings. KEEP program staff carry hand sanitizer in their first aid kit during hikes for students to use as needed. Students are instructed in the proper hand-washing techniques during orientation on the first day (Appendix J). They are reminded to wash their hands before and after meals and before bed. Adults are encouraged to wash their hands frequently.

Cleaning Procedures

All KEEP staff will participate in formal cleaning and disinfecting training (Integrated Germ Management) and hazardous communications training during an in-service before the student program begins. All staff will adhere to proper and appropriate cleaning and disinfecting procedures, including the use of Cleaning and Disinfectant Safety Data Sheets. All disinfectants used at KEEP are FDA approved and appropriate for a school setting. Staff will set and follow a cleaning schedule to frequently and regularly clean shared restrooms, other shared spaces, and frequently touched surfaces [i.e., doorknobs/push bars, light switches, etc.] around the camp each day. Staff members will record the time and day that area was cleaned using a log. After the week, logs are kept on file in the KEEP office.

- Cabins: If a student departs early, their bunk bed will be cleaned by staff at a time when no students are in the cabin. Every cabin, including bunk beds, is cleaned, and disinfected thoroughly at the end of each week. Staff members will use a log provided by KEEP administration to record the day and time that cleaning duties were completed. Logs are kept on file in the main KEEP office.

- Dining Hall and Kitchen: The dining hall is cleaned and sanitized after each meal service, including tables and seating. Kitchen workspaces are frequently and regularly cleaned and sanitized (including before food prep, after food prep, before meal service, and after meal service). Kitchen staff will replace soiled gloves with new gloves regularly and frequently to promote safe food-handling.

- Health Center: The Health Center will be cleaned and sanitized/disinfected regularly and frequently, and as needed after student visits. After the departure of a student who has been isolated due to suspected or confirmed COVID-19, staff member will wear appropriate PPE (masks, gloves, and face shield/eye protection) to clean and disinfect the furniture, surfaces, floors, and restroom/s used by the student placed in isolation. Once clean, the staff member will record the time and day the area was cleaned using a log provided by KEEP administration. At the end of each week, logs will be kept on file in the KEEP office.
PROGRAM MODIFICATIONS

Transportation to Camp
To avoid the spread of Covid-19, it is highly recommended that passengers wear masks while traveling to Camp KEEP. To minimize exposures, students should sit in their assigned “cabin groups” and bus windows should be open to increase ventilation.

Arrival at Camp KEEP
After exiting the bus and being greeted by a KEEP staff member, Classroom Teachers will bring student medications, a copy of the Pre-Travel Health Screening [Appendix C] and proof of negative COVID-19 antigen tests.

Student Grouping/Cohorts
Students will be grouped into same-gender cabin groups for all cabin activities and sleeping. Cabins will house students from the same school when possible. Seating arrangements in the dining hall will reflect the same grouping used in the cabins. For hikes and other daytime program activities, each student is assigned to a hiking group. Hiking groups will consist of students from the same cabin and will consistently combine with another cabin and when practicable, from the same school.

Participant Sleeping Arrangements
Students are assigned to a cabin by gender. Each cabin has bunk beds. Students are assigned to their own bed. Students on the top bunks will sleep with their heads facing all the same direction and students on the bottom bunk will sleep with their heads facing the opposite direction to ensure the most distance possible between students while sleeping. Adult chaperones/counselors will stay in the cabin each night the program is in session to provide student supervision and respond to any emergencies.

Ventilation
Fortunately, many of the activities at KEEP occur outdoors. Weather permitting, windows may be opened to promote air exchange. During short, scheduled, daytime visits to the cabin, doors may remain open as well.

Meal Procedures
Immediately prior to meals, students are reminded to wash their hands with soap and water according to hand washing training provided at the orientation meeting. Hand sanitizer is available in the dining hall. Breakfast and dinner are served in the dining hall. Lunch is served outdoors, weather-permitting. Students sit in the dining hall with their cabin mates. Each cabin has an assigned table. Meals are led and monitored by a school site chaperone/counselor. Classroom teachers help supervise student meals. Students bus their own dishes before leaving the dining hall. Students are encouraged to use hand-sanitizer upon exiting the dining hall and are reminded to wash hands frequently. KEEP staff supervise the cleaning and sanitizing of tables and seats after each meal service.

Departure Day
At the scheduled time, students will move their own luggage to a designated loading area. Once school buses arrive, a small group of students will be selected [on a volunteer basis] to help load luggage onto the buses/luggage truck.

COVID-19 SAFETY AND RESPONSE SYMPTOM SCREENING
Students are closely monitored by school and KEEP staff. If a student indicates that they are feeling ill, or is observed by a staff member exhibiting COVID-19 related symptoms, they will be sent to the Health Center for further assessment. All classroom teachers are expected to self-screen daily at the start of their day using the COVID screen survey. All staff are required to self-screen daily before coming to work. Staff should not come to work if they are ill and/or experiencing any
of the common COVID-19 systems. Staff are expected to follow KCSOS’s COVID-19 protocols if they believe they have COVID-19-related symptoms or if they test positive for COVID-19. Chaperones/Counselors will guide students through the COVID self-assessment survey every morning, and student temperatures will be recorded by counselors prior to leaving the cabin using the Daily Health Screening and Temperature Log [Appendix H].

**COVID-19 Testing Before Camp**

Arrival at camp is scheduled for 10 a.m. Rapid antigen tests must be taken within 24 hours before arriving at camp. It is recommended that all students and adults test together at school prior to departure. At-home tests are only accepted if conducted at the child’s school and test results are verified by trained school personnel. Schools must collect proof of negative COVID-19 antigen test for all participating students and adults and bring them to the KEEP Health Center upon arrival at KEEP. Proof of a negative COVID-19 PCR or antigen test may include:

- Photocopy of negative test from testing agency/laboratory
- A school provided log of student test results with a administrator’s signature.

Any participating student who is not able to provide proof of a negative COVID-19 rapid antigen test will not be allowed to board the bus or attend camp until such time as proof can be provided. If negative COVID-19 test results do become available, the parent/guardian may call to arrange to bring their child to KEEP for the remainder of the week, provided the child has not had any COVID-19 related symptoms within the last 24 hours. If a student is allowed to board the bus and arrives at KEEP without proof of a negative COVID-19 PCR test or rapid antigen test taken within the time frame noted above, the student will be placed in isolation (with appropriate adult supervision) and the student’s parent/guardian will be contacted to pick up their child immediately [see the Student Isolation for COVID-19 Symptoms and/or Positive COVID-19 Test below].

**COVID-19 Testing During the Week**

KEEP staff are trained in the proper supervision of self-swab, rapid antigen COVID-19 nasal swab tests. If a student visits the Health Center for any COVID-19 related symptom/s, and if the parent has provided consent for COVID-19 testing, the Health Center will administer a rapid COVID-19 test. If the parent has not provided consent for their child to be tested, Health Center staff will call them on the phone to request that they complete the consent to test their child. If they decline, it will be required that they pick up their child and return home. Rapid antigen tests are self-swab nasal tests that take approximately 15-30 minutes for results. While waiting for test results, the patient will wait in an area designated for that purpose, away from other students and staff [although appropriate adult supervision will be provided] If the rapid antigen test results are positive, the student will be isolated (with appropriate adult supervision) and sent home. If the rapid antigen test results negative, the County requires confirmation with a second test administered no less than 12 hours after the first test. The parent of the positive student will be called to pick up their child.

**HEALTH CENTER PROCEDURES**

To promote the highest level of safety possible for both participants and staff, KEEP staff will wear appropriate PPE while interacting with sick patients. Students who need to visit the Health Center for any reason are assessed outdoors at the Health Center entrance. If the issue is routine and/or minor and does not involve COVID-19 related symptoms [i.e., receiving prescribed medication at the scheduled time, splinter removal, injury, etc.], Health Center staff will conduct the visit outdoors. If a student has a more pressing or urgent medical need that does not involve COVID-19 related symptoms, the student may be invited into a treatment room in the Health Center. If an individual is tested for COVID-19, they will be provided a space to rest if they
are ill (having had a negative rapid antigen COVID-19 test) and awaiting parent pick-up or are injured and awaiting further assessment or parent pick-up.

### STUDENT ISOLATION AND CONTACT TRACING

Camp KEEP will follow isolation and quarantine protocols based on the most up to date CDC/KPHD COVID-19 Guidelines. Upon learning that a student is exhibiting symptom/s of illness or says they aren't feeling well (including but not limited to COVID-19 related symptoms) the student and counselor will report the need for assistance to a KEEP staff member. KEEP staff, along with a teacher from the school, will assess the student. To determine if contact tracing protocols must be implemented, a rapid antigen COVID-19 test may be administered to rule out COVID-19 (only if the parent signed approval on the Student Registration and Health Form or gives verbal permission over the phone). If a student has a documented pre-existing, chronic condition (noted by the parent/guardian on the child’s Student Registration and Health Form) such as migraines, asthma, allergies, the student will be given a COVID-19 test to rule out COVID-19 after being treated for their chronic condition. School site staff will contact the student’s parent/guardian to notify them of their child’s symptoms and results of the COVID-19 test (if administered) and, if needed, ask the parent/guardian to pick up their child as soon as possible.

- If a parent/guardian is unable to pick up their child, they must arrange to have their emergency contact pick up their child instead. Once the parent/guardian has been notified, the child must be picked up within four hours.
- If a parent/guardian refuses to pick up their child, the school administrator will be notified and must arrange to have the student picked up. The child must be picked up within four hours.

### EXCEPTION: If a student has a documented pre-existing, chronic condition (listed by the parent/guardian on the child’s Student Registration and Health Form and/or Medication Authorization form) such as migraines, asthma, allergies, they will be treated for their documented pre-existing condition. If their COVID-19 test is negative, they may return to regular activities after receiving appropriate treatment. If their COVID-19 test is positive, they will be isolated and must be picked up as soon as possible.

Following the health assessment, COVID-19 test, and treatment of symptoms, the student will be moved to the isolation space. The student’s classroom teacher, or a KEEP staff member (if a classroom teacher is unavailable), will supervise the student in the isolation space until the student’s parent/guardian picks them up. The adult will be given the option to supervise from outside of the isolation space or may choose to be inside if they maintain at least six feet of physical distance from the student and wear an appropriate face covering. The student will be provided with self-guided activities while they wait. When interactions with the student are necessary, the supervising adult must wear appropriate PPE. Once no other students are present, the student’s sleeping area in the cabin (mattress, bunk bed frame, and surrounding walls and floors), shared cabin living space, will be cleaned and disinfected by staff. After the student has been picked up, the program staff will disinfect the isolation space.

If a student informs staff that they don’t feel well or is exhibiting COVID-19 related symptoms during the evening or overnight, the chaperone supervising that student will call the teacher, who will contact the overnight KEEP staff who will accompany the student and school staff member to the Health Center to be assessed.

### Back at Home

Upon returning home, the student should follow up with medical professionals. The parent/guardian should contact their child’s school to determine when the child can return to regular school.
**Group Contact Tracing**

After learning of a positive student COVID-19 test at KEEP, group contact tracing will be implemented, as per the most current COVID-19 Decision Trees for K-12 Schools (Appendix K), and will include the following steps:

1. Notify the campus supervisor.
2. Participating classroom teacher/s from that student's school will notify the student's parent/guardian.
3. The KEEP supervisor will promptly notify KCSOS leadership and the school administrator. All requested information, including a roster of all close contacts, vaccination status of close contacts, etc., will be shared.
4. As soon as practicable, KEEP supervisor will send a student roster of all close contacts to the school, along with the Covid-19 Individual Exposure Notification Letter [Appendix L] to send to the families of impacted students.
5. The school will be asked to use their parent notification system to send out a form letter to the parents/guardians of the contacts.
6. The same day, after learning of a positive student COVID test, rapid antigen tests will be administered to all students who share the same cabin. EXCEPTION: if the positive test occurs at or after bedtime, the student’s cabin will be tested the next morning.

**CLASSROOM TEACHER/CHAPERONE ISOLATION AND CONTACT TRACING**

If a visiting classroom teacher exhibits COVID-19 symptoms and/or tests positive for COVID-19 during the week at camp, they will be isolated until such time as they are able to either 1. Pack their belongings and drive themselves home (if they drove to camp in their personal vehicle); 2. Arrange to have a family member or friend pick them up from KEEP.

For a positive COVID-19 test, group contact tracing will be implemented and KEEP staff will immediately notify:

1. The KEEP supervisor (or designee), who will promptly notify:
2. KCSOS leadership.
3. The classroom teacher's school administrator and/or school COVID-19 contact person.
4. All requested information, including a roster of all close contacts, vaccination status of close contacts, etc., will be shared.
5. As soon as practicable, KEEP administration will send to the school a list of all close contacts, as applicable, along with the KEEP COVID-19 Close Contact letter to send to the families of impacted students.
6. The school must send a replacement adult within 6 hours.
**KEEP EMPLOYEES COVID-19 PREVENTION AND RESPONSE**

**General Expectations for Staff**

Staff are expected to comply with KCOS COVID-19 protocols and procedures that follow current CDC, CDPH, and KCOS guidance. Staff will be provided PPE as appropriate for their assigned duties. Staff working in the Health Center must wear appropriate PPE when interacting with someone who is ill or tests positive for COVID-19.

Staff may use their own appropriate face covering if they choose. Masks that do not require fit-testing will be available to staff upon request.

Staff must follow appropriate cleaning protocols and wear appropriate PPE when applicable. Staff may also be asked to help supervise [using appropriate PPE and physical distancing] students in isolation and/or students who need to stay overnight in the health center.

Staff are encouraged to wash their hands frequently to prevent the spread of germs. Staff are also expected to remind students to wash their hands upon returning to the cabin from an activity, and before and after meals.

**Vaccination and COVID-19 Testing for Staff**

KEEP staff are strongly urged to get fully vaccinated to help prevent the spread of COVID-19 and COVID-19 variants.

Rapid antigen testing will be made available to all KEEP staff as needed.

- Unvaccinated staff must be tested weekly through KCSOS. Weekly testing will be conducted at the KEEP campuses.
- Vaccinated staff are strongly encouraged to be tested weekly
- If a staff member tests positive for COVID-19, quarantine and contact tracing protocols will be implemented.

**Staff Quarantine & Isolation**

Staff members who do not feel well, including but not limited to COVID-19 related symptom(s), should stay home.

They must follow existing KCOS protocol to report their absence and must also notify the KCOS HR COVID-19 response team for guidance. Email Covid-19 status to covid@kern.org.

HR will inform the staff member about isolation/quarantine requirements and duration, if any, as well as COVID-19 test requirements, if applicable. If a staff member is diagnosed with COVID-19 or has a positive COVID-19 test, they must stay home and isolate.
**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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Parent/Guardian# 1:</th>
<th>Parent/Guardian# 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Home Phone# 1:</td>
<td>Home Phone# 2:</td>
</tr>
<tr>
<td>Dates at KEEP:</td>
<td>Work Phone# 1:</td>
<td>Work Phone# 2:</td>
</tr>
<tr>
<td>School:</td>
<td>Cell Phone# 1:</td>
<td>Cell Phone# 2:</td>
</tr>
<tr>
<td>Teacher:</td>
<td>Home Address# 1:</td>
<td>Home Address# 2:</td>
</tr>
</tbody>
</table>

**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 VonFlees (661-636-4629) and notify your child's teacher immediately to arrange a medical shadow.
   - Medications requiring injections or suppositories
   - Severe food or nut allergy (requiring Epipen)
   - Severe asthma requiring daily breathing machine (nebulizer)
   - Respiratory restrictions limiting activity
   - Severe bee sting reaction (requiring Epipen)
   - Mobility limitations
   - Seizures
   - Recent hospitalization or surgery
   - Other serious health conditions

**GENERAL HEALTH INFORMATION:**

2. Is your child currently taking medication?  
   - Yes  
   - No
3. Is your child currently taking medication?  
   - Yes  
   - No
4. Health condition that would limit outdoor activity?  
   - Yes  
   - No
5. Allergy and Dietary Information:  
   - Vegetarian
   - Food Allergies
   - Medication Allergies
   - Insect Allergies
   - Other Allergy and Dietary Concerns

6. Has your child had his/her tetanus series or booster?  
   - Yes  
   - No
7. Is your child covered by:  
   - Medi-Cal
   - Medical Insurance
   - Other

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 a proper 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

GS:KP:01  Rev. 11/18
Antigen Testing Consent

To maintain a safe and healthy environment at Camp KEEP, all participants will monitor their health daily. Monitoring will include a daily temperature check and responding to survey questions pertaining to COVID-related symptoms. If any participants experience symptoms associated with COVID-19 while at KEEP, the results of a self-administered antigen test will determine if they need to quarantine at home to eliminate potential exposures for other participants. Antigen tests may also be used if your child has been exposed to a positive case of COVID-19.

Please review the statements below and indicate your preferences by checking the appropriate box/boxes.

___ I have attached proof of vaccination for my child.
   • If your child has been exposed to COVID, but shows no symptoms, and has proof of vaccination, there will be no need to test or quarantine.

___ I give permission for my child to self administer a COVID antigen test.
   • If my child displays COVID symptoms, (whether vaccinated or unvaccinated) or has been in close contact with a case of COVID-19.
   • A negative test will allow the student to return to regular KEEP activities.
   • A positive result will require the student to quarantine at home.

___ I DO NOT give permission for my child to self-administer a COVID antigen test.
   • If your child displays symptoms, and does not have permission to test, they will return home to quarantine.
   • If your child has been identified as a close contact to a positive case, and does not have permission to test, they will return home to quarantine.

Student’s Name: _____________________________________________

Parent Signature: _____________________________________________

Contact Number: _____________________________________________

Date: _____________________________________________

KEEP Staff Notes:
Camp KEEP: Pre-Travel Health Screening

This health screening form is required to attend Camp KEEP. It must be completed the morning of camp departure and given to your child’s teacher. Thank you for your assistance in maintaining a healthy, COVID free environment at Camp KEEP.

NAME: _______________________________________  SCHOOL: ______________________________________

<table>
<thead>
<tr>
<th>In the last 10 days:</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child (or you as an adult participant) live with, had contact with, or displayed these symptoms:</td>
<td>Please note if any symptoms are due to a known health condition (asthma, allergies, etc)</td>
</tr>
<tr>
<td>prolonged cough</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>temperature over 100.4</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>fever or chills</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>flu-like symptoms</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>a diagnosis of COVID-19</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>exposure to known case of COVID-19</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>shortness of breath</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>cold</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>rash</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>fatigue</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>body ache</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>diarrhea</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>vomiting</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>headache</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>recent loss of taste or smell</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>sore throat</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>congestion</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>runny nose</td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

COVID-19 vaccination is not required for participation in Camp KEEP; however, per the CDC and CDPH it is recommended for all individuals 2 years and older.

It is optional to bring a front and back copy of your COVID-19 vaccination card to camp. In case of an exposure, unvaccinated individuals, or untested individuals, will be sent home. In case of exposure, those with proof of vaccination, no symptoms, or a negative antigen test, will be allowed to stay.

I understand that arriving to Camp KEEP healthy is vital to a successful week for all. My signature indicates that I completed this health screening for 10 days prior to camp to the best of my ability.

Parent Name & Signature: _____________________________________________ Date:________________________
KEEP STUDENT MEDICATION FORM

PARENTS & GUARDIANS:
IF YOU ARE SENDING ANY MEDICATION
WITH YOUR CHILD, PLEASE READ CAREFULLY

1. Please contact Assistant Superintendent Desiree VonFlue (661-636-4629) to get "Physicians Authorization to Attend" form. Notify your child's teacher immediately to arrange a medical shadow for these serious medical conditions:

   1) Any medications requiring injections (i.e. EpiPen or Glucagon) or suppositories, 2) diabetes, 3) severe bee sting reaction, 4) severe food or nut allergy, 5) mobility limitations, 6) severe asthma (i.e. requiring daily nebulizer use), 7) seizures, 8) respiratory restrictions (i.e. respiratory conditions limiting activity), 9) recent hospitalizations, or 10) other serious health conditions.

2. Do not send medications your child can easily do without for the week. Send only items which must be taken or may be needed in an emergency.

3. Medication is defined as prescription and over-the-counter medicines such as aspirin, vitamins, Tylenol®, Motrin®, cough drops, etc.

4. Each medicine must be in the original container and marked with the student's name.

5. Students cannot be given medication without a "KEEP Pupil Medication Form" completely filled out and signed by both the parent and physician for each medication.

6. All students that bring medication with them must turn it in to the KEEP staff.

7. The KEEP staff will administer the oral or topical medicine as per the physician's instructions. Note: KEEP staff will not conduct invasive procedures requiring advanced training (such as injections, suppositories, etc.)

8. Students will not be allowed to carry any medication with them unless it is indicated on the medication form. A student's rescue inhaler will be carried in the first aid pack by KEEP staff on every hike.

9. Up to three different medications can be specified on the reverse side of this form. Use an additional sheet for other medications to be administered. This form can be found at the KEEP website: www.campkeep.org.

(over)
KEE P STUDENT MEDICATION FORM

Student: ___________________________  Date of Attendance: ___________________________

School: ___________________________  Teacher: ___________________________

**MEDICATION #1**

Name of Medicine: ______________________  Dosage (tabs, tsp., puffs, etc.): ______________________

Strength (mg., ml., etc.): ______________________  Frequency (hours apart, etc.): ______________________

**SCHEDULE OF ADMINISTRATION:**

- Daily (indicate times below)  OR  As needed (PRN) (Under what conditions?)

  - 7:30am Breakfast
  - 12pm Lunch
  - 3:30pm Snack
  - 5:30pm Dinner
  - 8pm Bed

  (Dosage) __________ (Dosage) __________ (Dosage) __________ (Dosage) __________ (Dosage) __________

Comments: __________________________________________________________________________________

Physician’s Signature: ___________________________  phone #: ___________________________

Parent/Guardian Signature: ___________________________  phone #: ___________________________

**MEDICATION #2**

Name of Medicine: ______________________  Dosage (tabs, tsp., puffs, etc.): ______________________

Strength (mg., ml., etc.): ______________________  Frequency (hours apart, etc.): ______________________

**SCHEDULE OF ADMINISTRATION:**

- Daily (indicate times below)  OR  As needed (PRN) (Under what conditions?)

  - 7:30am Breakfast
  - 12pm Lunch
  - 3:30pm Snack
  - 5:30pm Dinner
  - 8pm Bed

  (Dosage) __________ (Dosage) __________ (Dosage) __________ (Dosage) __________ (Dosage) __________

Comments: __________________________________________________________________________________

Physician’s Signature: ___________________________  phone #: ___________________________

Parent/Guardian Signature: ___________________________  phone #: ___________________________

**MEDICATION #3**

Name of Medicine: ______________________  Dosage (tabs, tsp., puffs, etc.): ______________________

Strength (mg., ml., etc.): ______________________  Frequency (hours apart, etc.): ______________________

**SCHEDULE OF ADMINISTRATION:**

- Daily (indicate times below)  OR  As needed (PRN) (Under what conditions?)

  - 7:30am Breakfast
  - 12pm Lunch
  - 3:30pm Snack
  - 5:30pm Dinner
  - 8pm Bed

  (Dosage) __________ (Dosage) __________ (Dosage) __________ (Dosage) __________ (Dosage) __________

Comments: __________________________________________________________________________________

Physician’s Signature: ___________________________  phone #: ___________________________

Parent/Guardian Signature: ___________________________  phone #: ___________________________

SIGN FOR EACH MEDICATION. COPY THIS FORM IF NEEDED.
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) ________________
**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.

**GENERAL HEALTH INFORMATION:**

1. Are you taking medication? (circle one)
   - Yes
   - No
   - If yes, what medications?
2. Recent illness or exposure to illness
   - Yes
   - No
   - If yes, describe
3. Health condition that would limit outdoor activity:
   - Yes
   - No
   - If yes, describe
4. Other factors that may affect your care?
   - Yes
   - No
   - If yes, describe
5. Allergy and Dietary Information:
   - Vegetarian
   - Food Allergies
   - Medication Allergies
   - Insect Allergies
   - Other Allergy and Dietary Concerns
   - Yes
   - No
   - If yes, describe
6. Recent hospitalization or surgery
   - Yes
   - No
   - If yes, describe
7. Recent broken bones, sprains, etc.
   - Yes
   - No
   - If yes, describe
8. Recent illness or exposure to illness
   - Yes
   - No
   - If yes, describe
9. Seizures
   - Yes
   - No
   - If yes, describe
10. Mobility limitations
    - Yes
    - No
    - If yes, describe
11. Severe food or nut allergy (requiring Epipen)
    - Yes
    - No
    - If yes, describe
12. Severe bee sting reaction (requiring Epipen)
    - Yes
    - No
    - If yes, describe
13. Asthma
    - Yes
    - No
    - If yes, describe
14. Heart condition, other physical limitations?
    - Yes
    - No
    - If yes, describe
15. Medications requiring injections or suppositories
    - Yes
    - No
    - If yes, describe
16. Diabetes
    - Yes
    - No
    - If yes, describe
17. Other serious health conditions.
    - Yes
    - No
    - If yes, describe

**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.
   - Yes
   - No
   - If yes, describe
   a. Medications requiring injections or suppositories
   b. Diabetes
   c. Severe food or nut allergy (requiring Epipen)
   d. Severe asthma requiring daily nebulizer use
   e. Respiratory Restrictions (i.e. limiting activity)
   f. Severe bee sting reaction (requiring Epipen)
   g. Mobility limitations
   h. Seizures
   i. Recent hospitalization or surgery
   j. Other serious health conditions

**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.

Covid Safety Precautions:

_____ For 10 days before Camp KEEP I will self-monitor my health. I will truthfully report any COVID-19 symptoms or known exposures on the Pre-Trip Health Screening Form before departing for camp.

_____ For 10 days before my trip, as much as possible, I will avoid non-necessary travel, crowded places, and other activities where there may be increased exposure risk to COVID-19.

_____ I will bring ten 2-ply fabric or surgical masks to camp. Bandanas or neck gaiters are not allowed. (Please contact your school for assistance if needed).

_____ While at camp, I will wear a mask at all times, except for eating, bathing, and sleeping. I will ensure that students under my supervision are wearing masks at all times, except for eating, bathing, and sleeping.

_____ While at camp, each morning I will conduct a health survey for each member of my cabin as demonstrated by KEEP staff upon arrival.

_____ While at camp, I will immediately report to KEEP staff if I, or any of the students in my care, do not feel well.

_____ While at camp, I will encourage, remind, and role model good handwashing and sneezing/coughing etiquette as outlined by KEEP staff upon arrival.

_____ While at camp, I will limit interactions with adults and students that are not in my cabin or hike group.

_____ While at camp, I will support the KEEP COVID-19 safety policies to the best of my abilities and bring up concerns privately to KEEP staff.

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 ________________________

GS:KP.31 Rev. 8/21
As a representative of __________________________ School, I certify that the following statements are true for participants arriving at Camp KEEP on _____________________(date).

- All students, staff, and chaperones have submitted a Pre Travel Health Screen Form.
- All students, staff and chaperones have completed a temperature check with results of 100.4 or lower.
- All students, staff and chaperones have completed a rapid antigen test with negative results.

Representative Signature ___________________________________________ Date _____________________
Please list students’ names on the log.

Please review health status with students and record responses in morning before leaving the cabin. Begin this routine on your second day of camp. The days (Tuesday, Wednesday, Thursday) are abbreviated to T, W, Th.

Please record each student’s response as a “Y” for yes or an “N” for no. Please record each student’s temperature using the touchless thermometer.

### Temperature

<table>
<thead>
<tr>
<th>Date</th>
<th>T</th>
<th>W</th>
<th>Th</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptom</th>
<th>T</th>
<th>W</th>
<th>Th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chills, fatigue, or body aches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu-like symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of taste or smell</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat, congestion, or runny nose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### School

Cabin Name

---

---
APPENDIX I

Office of Mary C. Barlow
Kern County Superintendent of Schools
Advocates for Children

KEEP Packing List

COVID-19 Safety Items:
Required: Pre-Trip Health Screening Form (turn in the morning of departure)
Required: Refillable water bottle
Recommended: 10 masks (2/day). Masks must be close-fitting fabric, surgical masks or higher quality.
   Bandanas or neck gaiters are not recommended. Contact your school for assistance if needed.
Optional: Hand sanitizer, small bottle

Luggage:
Duffel bag preferred. Maximum size of bag is 9” x 14” x 22” = 45”.

Essential Items:
- 1 warm (to 40°) sleeping bag & pillow
- 1 pair pajamas
- 2 pairs of shoes (tennis shoes or hiking boots; no sandals, snow boots, or "Uggs")
- 6 pairs of long socks (no ankle socks)
- 4 pairs of pants or sweats (no shorts) Ripped or "distressed" jeans with holes in them are not recommended, they allow access for ticks and poison oak.
- 1 warm jacket (for very cold nights)
- 2 sweat shirts/hoodies
- 5 shirts
- 7 pairs of underwear
- 1 warm hat/beanie
- 1 bag for dirty clothes
- 1 reusable water bottle
- 1 flashlight
- 1 toilet kit to include:
  - comb/brush
  - bath towel/wash cloth
  - shampoo/conditioner
  - toothbrush/toothpaste
  - chapstick
  - soap
  - deodorant
  - Kleenex

Rainy Forecast:
Poncho or raincoat and extra dry shirts, pants, socks and shoes to change into.

Optional Items:
Backpack, binoculars, sun glasses, camera, flip-flops (for shower), and earplugs (if you are a light sleeper).

Souvenirs:
Place your order for KEEP Merchandise before your visit. Turn in exact change and completed order form to your teacher. See www.campkeep.org for merchandise information.

Please do not bring:
Money, cell phones, shorts, scary books, pocket knives, electronic games, music players, matches or lighters, blow dryers, make-up, anything scented (hair spray, lotion, perfume), candy, gum, extra food or any other item that is not allowed at school.

New clothes are impossible to keep clean at camp. Please bring only those clothes and shoes that you are comfortable getting muddy. We can guarantee they will! Labeling clothes with student's name is recommended.

GS:KP:07    Rev. 8/22
Appendix J

How to Wash Your Hands

Protect yourself and others against infections

1. Wet hand
2. Apply soap
3. Rub hands palm to palm
4. Lather the backs of your hand
5. Scrub between your fingers
6. Rub the backs of fingers on the opposing palms
7. Clean thumbs
8. Wash fingernails and fingertips
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Dry with a single use towel
12. Your hand are clean

Sample for
COVID-19
Guidance for 2022-23 School Year

***FOR INTERNAL SCHOOL DISTRICT USE ONLY***
Student has any of the following NEW symptoms with NO KNOWN EXPOSURE

- Fever or chills
- Cough
- Shortness of breath
- Difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

It is strongly recommended that students wear a mask and test IMMEDIATELY. If test positive, see Tree 3.

RECOMMEND EXCLUSION FROM SCHOOL

Until it is clear that symptoms are mild and improving OR due to a non-infectious cause (i.e., allergies). This includes waiting until 24 hours have passed since resolution of fever without the use of fever-reducing medications.*

*This version of the guidance represents a shift in approach to where schools can manage with the existence of COVID-19. The district provides recommendations to the parent after assessing the symptoms in a standard manner and triaging appropriately. There is not an expectation from CDPH for districts to track students beyond what districts might have done for any student pre-COVID. However, schools should avoid policies that incentivize coming to school while sick.

For example: student has COVID symptoms. The parent picks the student up. District recommends testing, not returning until fever-free for 24 hours, and symptom improvement. District is not required to “enforce” the recommendations (ensure that the parent/student complies) before returning to school, which would require tracking and monitoring each student case.

Districts can choose to implement a rigorous monitoring and tracking method.
APPENDIX K

TREE 2: FOR STAFF

Staff has any of the following NEW symptoms with NO KNOWN EXPOSURE

- Fever or chills
- Cough
- Shortness of breath
- Difficulty breathing
- Fatigue
- Muscle or body aches

- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

- Self-isolate and test as soon as possible to determine infection status. (For symptomatic persons who have tested positive within the previous 90 days, using an antigen test is preferred).

- Remain in isolation while waiting for testing results. If not tested, continue isolating for 10 days after the day of symptom onset, and if cannot isolate, wear a well-fitting mask for 10 days.

- Consider continuing self-isolation and retesting with an antigen or PCR test in 1-2 days if testing negative with an antigen test, particularly if tested during the first 1-2 days of symptoms.

- Continue to self-isolate if test result is positive, follow recommended actions in Tree 3.
TREE 3: STUDENT OR STAFF WITH A POSITIVE TEST

REPORT POSITIVE TEST RESULTS
Email positive test results to the following: deguiaj@kerncounty.com and jomendiburu@kern.org
For staff, identify employees at the same worksite exposed to a COVID-19 positive case and complete notifications required by CalOSHA.

EXCLUDE FROM SCHOOL

ISOLATE
Individual must isolate at home. May return to school as early as Day 6 after symptom onset with a negative test result collected on Day 5 or later, symptom improvement, and no fever.*

NEGATIVE TEST COLLECTED ON DAY 5 OR AFTER?

YES
HAVE SYMPTOMS IMPROVED AND NO FEVER?

YES
RETURN TO SCHOOL*

NO
If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications. If fever is present, continue isolation until 24 hours after fever resolves. If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10.

NO
If fever is present, continue isolation until 24 hours after fever resolves. If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10.

*Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.
TREE 4:
POSITIVE CASE AT SCHOOL (STUDENTS)

POSITIVE PERSON AT SCHOOL

Was the positive person in a shared indoor airspace (e.g., classroom) with others for a cumulative total of 15 minutes within a 24-hour period?

- NO: No action needed.
- YES: Student may continue in-person instruction if asymptomatic but should get tested for COVID-19 with at least one diagnostic test obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 90 days. Monitor for symptoms.

If test positive, see Tree 3.

It is recommended that the school district send the Individual Notification Letter to those in the "shared indoor air space" for a total of 15 minutes within a 24-hour period.

It is recommended that the school district send the General Notification Letter if experiencing high levels of COVID-19 in their schools and community.

* Exposed students, regardless of COVID-19 vaccination status.
TREE 5:
POSITIVE CASE AT SCHOOL (STAFF)

POSITIVE PERSON AT SCHOOL

Was the positive person in a shared indoor airspace (e.g., classroom) with others for a cumulative total of 15 minutes within a 24-hour period?

NO

No close contacts identified. No action needed.

YES

Send required notice to employees with copy to union representative within one business day.*

ISOLATE

Individual must isolate at home. May return to school site as early as Day 6 after symptom onset with a negative test result collected on Day 5 or later, symptom improvement, and no fever.**

NO

No quarantine required. May return to campus.

IS CLOSE CONTACT STAFF MEMBER SYMPTOMATIC?

YES

** Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications. If fever is present, continue isolation until 24 hours after fever resolves. If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10.

* Can send only one notice per exposure so long as all required information is included under Cal/OSHA Emergency Temporary Standards and Labor Code section 6409.6.
Dear Parent/Guardian:

[INSERT School Name] has been alerted that on [INSERT Date(s)], your child may have been exposed to an individual with COVID-19. We consider the health and well-being of our community a priority and are providing this notification so that you are aware of the following recommendations:

• Your child may remain in school unless they develop symptoms or test positive for COVID-19. Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected.

• Your child should wear a mask in indoor settings, especially for the next 10 days, to prevent spreading COVID-19 in case they become infected. High-quality masks with good fit and filtration provide the best protection.

• Your child should get tested for COVID-19 on [INSERT date range, 3-5 days following last exposure] unless they had COVID-19 within the past 90 days. You may get tested at [INSERT local school or community testing resources] or by clicking here to find a testing site near you. Over-the-counter (at-home) tests may also be used. If your child starts to feel sick or show symptoms, they should get tested right away even if they had COVID-19 before.

• If your child develops symptoms of COVID-19 or tests positive for COVID-19, they should isolate at home and notify us right away at [INSERT school contact information]. When you notify us, we can take additional steps to keep our school community safe.

• Your child should stay up to date on COVID-19 vaccinations. Vaccination remains the best way to protect yourself against severe disease. Make an appointment to get vaccinated or contact your child’s healthcare provider.

Note that infections diagnosed in students and school staff are not necessarily the result of exposure at school, and when safety protocols are followed in schools, COVID-19 remains more likely to occur outside of school settings.

Thank you for reading this important information. If you have questions and concerns, we can be reached at [INSERT phone number, email address, and/or website link].

Sincerely,

[INSERT Name, Title, and Contact information]