



Office of John G. Mendiburu, Ed.D.
Kern County Superintendent of Schools
Advocates for Children

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 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.

Antigen Testing Consent

To maintain a safe and healthy environment at Camp KEEP, all participants will monitor their health daily. If any participants experience symptoms associated with COVID 19, the results of a self-administered antigen test will determine if they need to quarantine at home to eliminate potential exposures for other participants. Please review the statements below and indicate your preferences by checking the appropriate box/boxes.

I give permission for my child to self administer a COVID antigen test.

- If my child displays COVID symptoms, (whether vaccinated or unvaccinated).
 - » 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 not be allowed to stay at KEEP.

Child's Name: _____

Child's School: _____

Child's Teacher: _____

Parent's Signature: _____

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) _____