

## 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.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Dates at KEEP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Address: \_\_\_\_\_  
Teacher: \_\_\_\_\_

### SPECIAL HEALTH INFORMATION:

1. Do you have a specialized health care condition? If **yes** to any of these conditions, contact Assistant Superintendent Russell Sentes (661-636-4161) and notify your child's teacher immediately.
- 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. Are you taking medication? . . . . . ☐ No ☐ Yes If yes, store in the KEEP office when you arrive.
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 your care? . . . . . ☐ 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. Have you had your tetanus series or booster? . . . . . ☐ No ☐ Yes If yes, what date? \_\_\_\_\_
7. Are you 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.** 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.

### 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 accept that:

\_\_\_\_\_ I will be assigned to specific responsibilities for 7-13 students whom I supervise 23 hours/day.

\_\_\_\_\_ I will always be an excellent role model for students.

\_\_\_\_\_ I am 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 misbehaves or breaks a rule, I will communicate with a teacher or KEEP staff.

\_\_\_\_\_ The KEEP staff and classroom teachers are available 24 hours/day to support me with any situation.

\_\_\_\_\_ While at camp, I will immediately report to teacher or KEEP staff if anyone in my care does not feel well, is homesick, or is not thriving.

### As a counselor at KEEP I agree that:

\_\_\_\_\_ E-cigarettes (vape) and tobacco products (cigarettes, chew) are banned on school grounds/buildings/vehicles and on field trips. Nicotine patches and gum are allowed.

\_\_\_\_\_ Alcohol, marijuana, and illegal drugs are banned on school grounds/buildings/vehicles and on field trips.

\_\_\_\_\_ I will use school-appropriate language and wear school-appropriate clothing.

\_\_\_\_\_ I will not discuss sexual, religious or political beliefs 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 will not hit, touch, grab, threaten, or raise my voice to any person for any reason.

\_\_\_\_\_ I will follow Camp KEEP's cell phone policy.

o Students may never use a cell phone.

o All student-home contact goes through teachers.

o Phones and photos are not allowed in indoor areas (cabins, bathrooms, showers).

o Limit adult phone use to your break time.

o Do not post other people's children on your social media.

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.

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Please Sign Your Full Name

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Date