

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.

Name: _____ Date of Birth: _____
Primary Address: _____ Dates at KEEP: _____
Parent/Guardian# 1: _____ Phone: _____ School: _____
Parent/Guardian#2: _____ Phone: _____ Teacher: _____

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 Russell Sentes (661-636-4161) 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 breathing machine (nebulizer) . ☐ No ☐ Yes Comments: _____
 - e. Respiratory restrictions 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. In order to protect children from possible embarrassment, the following information is necessary:
- a. Does your child walk in his/her sleep? ☐ No ☐ Yes Comments: _____
 - b. Does your child wet the bed at night? ☐ No ☐ Yes Comments: _____
 - c. 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? ☐ No ☐ Yes Card number _____ (attach copy of card)
Medical Insurance? ☐ No ☐ Yes Company Name _____
Policy Number _____ (attach copy of card)

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

Over-the-Counter Medication Available at Camp KEEP on an As-Needed Basis:

Occasionally, it is necessary to provide students with non-prescription medications when they are at the camp. The medications listed below are kept in stock at the camp for this purpose. Do not send these items to the camp. Please check "yes" (☑) or "no" (☐) below to indicate your permission for the listed medications to be administered, as needed and per recommended dosage, by the Camp KEEP Staff or other authorized staff member.

We will not administer any medication without authorization and notification.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen(Tylenol:head/muscle aches, cramps, fever, pain) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ibuprofen(Advil:head/muscle aches, cramps, fever, pain) |
| <input type="checkbox"/> | <input type="checkbox"/> | Calcium Carbonate (Tums: stomachache, diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diphenhydramine (Benadryl: allergies, itch, insect bite) |
| <input type="checkbox"/> | <input type="checkbox"/> | Loratadine (Claritin: allergies, hay fever) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceterizine (Zyrtec: allergies, hay fever) |

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Cough Drops (sore throat, cough drops) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydrocortisone Cream (itch, rash) |
| <input type="checkbox"/> | <input type="checkbox"/> | Antibiotic Ointment (minor scrapes & cuts) |
| <input type="checkbox"/> | <input type="checkbox"/> | Caladryl Lotion (itch, rash) |
| <input type="checkbox"/> | <input type="checkbox"/> | Aloe Vera Lotion (sunburn) |

Authorization for Medical Treatment – Signature required for the student to receive treatment and for site personnel to administer the medications indicated above to my child.

Parent/Guardian Signature _____ Date _____

Camp KEEP Behavior Contract

Student Name: _____

Teacher: _____

As a parent/guardian, I agree to the following:

- I may be contacted at any time day/night during my child's visit. I will respond to my school, my child's teacher, or Camp KEEP (area code 805) as quickly as possible.
- I understand students are expected to follow rules and directions for everyone's safety, to support learning, and to show respect. If a student continually misbehaves, they will be sent home.
- There are no refunds available for children sent home due to behavior.
- If my child is sent home for illness, injury, or misbehavior, I will pick up my child within 3 hours of notification. If needed, I will arrange pickup with the emergency contacts listed below.

As a student, I agree to the following rules:

- **I will follow safety directions.**

For example: I will keep my hands/body to myself, stay within camp boundaries, be respectful of other's privacy, use the buddy system, and go into my cabin only with supervision. On hikes, I will respect the naturalist's safety rules, listen to directions, wear proper clothing, and ask before touching natural items.

- **I will use positive learning behaviors.**

For example: During activities I will listen carefully, join in discussions, and participate in science activities. I will use school-appropriate language and conversation topics.

- **I will show respect to everyone and everything.**

For example: I will treat all people and things with kindness and dignity. I will not use put downs or derogatory comments. I will follow adult directions. I will help clean my living space and use trash cans. I will use gentle care with plants and animals.

Student Signature: _____ Parent's Signature: _____

Parent/Guardian Contact 1

Name _____ Relationship _____

Address _____ Phone# 1 _____ Phone# 2 _____

Parent/Guardian Contact 2

Name _____ Relationship _____

Address _____ Phone# 1 _____ Phone# 2 _____

Emergency Contact 3

Name _____ Relationship _____

Address _____ Phone# 1 _____ Phone# 2 _____

Emergency Contact 4

Name _____ Relationship _____

Address _____ Phone# 1 _____ Phone# 2 _____