(COUNSELOR CONTRACT ON BACK - PLEASE SIGN)

Office of John G. Mendiburu, Ed.D.
Kern County Superintendent of Schools
1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533

(ADULT COUNSELORS, SHADOWS, AND TEACHERS)

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 Deputy 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 epinephrine) . . . . . ❑ No ❑ Yes Comments: _____
- **d.** Severe bee sting reaction (requiring epinephrine) . . . . . ❑ No ❑ Yes Comments: _____
- **e.** Severe asthma requiring daily nebulizer use. . . . . ❑ No ❑ Yes Comments: _____
- **f.** Respiratory Restrictions (i.e. limiting activity). . . . . ❑ 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 physical or mental 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 _____

Medical Insurance? . . . . . ❑ No ❑ Yes Company Name _____

Policy Number _____

8. 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**

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

KEEP ADULT COUNSELOR BEHAVIOR CONTRACT

KEEP is depending on you. Please read and initial each statement, then sign at the bottom of this contract. Turn this contract in with your registration form.

As an adult 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 an adult at KEEP, I accept that:

_____ I will be assigned to specific responsibilities for 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 a teacher or KEEP staff if anyone in my care does not feel well, is homesick, or is not thriving.

As an adult 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 mints 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 and photo policies.

- Students may never use a cell phone.
- All student-home contact goes through teachers.
- Phones and photos are not allowed in indoor areas (cabins, bathrooms, showers).
- Limit adult phone use to your break time.
- Do not post other people's children on your social media.

I have read the above counselor contract and understand my responsibilities as an adult at KEEP. 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