(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

(UNDER 18 YEARS OF AGE)

KEEP* HIGH SCHOOL 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: _____ Parent/Guardian#1: _____ Parent/Guardian#2: _____

Date of Birth: _____ Home Phone#1: _____ Home Phone#2: _____

Dates at KEEP: _____ Work Phone#1: _____ Work Phone#2: _____

High School: _____ Cell Phone#1: _____ Cell Phone#2 _____

Home Address#1: _____ Home Address#2 _____

_____ _____

SPECIAL HEALTH INFORMATION:

1. If ***yes*** to <u>any</u> of these special health care conditions, complete "Physician's Authorization to Attend" Form. Also, contact Deputy 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 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. Is your child currently taking medication? . . . . . ❑ No ❑ Yes If yes, complete KEEP Student 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. 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 _____

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

Policy Number _____

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 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		Yes	No	
❑	❑	Acetaminophen(Tylenol:head/muscle aches, cramps, fever, pain)	❑	❑	Cough Drops (sore throat, cough drops)
❑	❑	Ibuprofen(Advil:head/muscle aches, cramps, fever, pain)	❑	❑	Hydrocortisone Cream (itch, rash)
❑	❑	Calcium Carbonate (Tums: stomachache, diarrhea)	❑	❑	Diphenhydramine (Benadryl: allergies, itch, insect bite)
❑	❑	Loratadine (Claritin: allergies, hay fever)	❑	❑	Ceterizine (Zyrtec: allergies, hay fever)

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** _____

KEEP HIGH SCHOOL 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.

- 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 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

I understand that if my child does not fulfill his/her KEEP responsibilities as outlined above, the KEEP staff and classroom teachers must dismiss him/her immediately and that I will be notified and expected to transport my child home immediately.

➡ _____ _____

Parent/Guardian signature — date

(if counselor under 18 years)