

Physician's Authorization to Attend KEEP* Form

**KEEP (Kern Environmental Education Program)*

Student's Name: _____

Birthdate: _____

School: _____

Dates at KEEP: _____

PLEASE READ:

KEEP sites are in remote locations, 2-3 hours from the homes of the students. During the week, students experience an increased level of physical exertion, a different menu, a change in sleeping pattern, some degree of homesickness, and typical risks associated with activities in outdoor settings.

Students will be involved in many physically demanding activities, including naturalist led hikes. Many hikes are strenuous, lasting 3 hours, covering up to 3 miles, and involving elevation gains/losses of over 1000 feet. Two such hikes may be scheduled back-to-back on the same day. Most hikes transverse semi-remote locations, up to 45 minutes from a trailhead. Emergency medical care is at least an hour away to the nearest hospital.

Although KEEP staff are trained in First Aid & CPR, they are not trained medical personnel, and are not authorized to carry out advanced procedures. There is no nurse at KEEP available to monitor reoccurring health concerns.

1. Name of condition (check all that apply).

- | | |
|---|--|
| a. Medications requiring injections or suppositories | ☐ No ... ☐ Yes |
| b. Diabetes | ☐ No ... ☐ Yes |
| c. Severe food or nut allergy (requiring epinephrine) | ☐ No ... ☐ Yes |
| d. Severe bee sting reaction (requiring epinephrine) | ☐ No ... ☐ Yes |
| e. Severe asthma requiring daily breathing machine (nebulizer) | ☐ No ... ☐ Yes |
| f. Respiratory restrictions limiting activity | ☐ No ... ☐ Yes |
| g. Mobility limitations | ☐ No ... ☐ Yes |
| h. Seizures | ☐ No ... ☐ Yes |
| i. Recent hospitalization or surgery | ☐ No ... ☐ Yes |
| j. Other serious physical or mental health conditions (requiring extra supervision) | ☐ No ... ☐ Yes |

2. Provide more information about the condition above: _____

3. Are medications required? (if yes, fill out KEEP Medication Form) ☐ No ... ☐ Yes

4. Check one item:

- ☐ I have reviewed and approved the procedure written on the KEEP Medication Form.
☐ I have attached my orders for the procedure.
☐ No procedures required.

5. List signs or symptoms indicating an emergency situation and the procedures to follow:

SIGN BELOW:

Designate the adult shadow responsible for the student's medical needs at KEEP:

Shadow's Name: _____

Relationship to student: _____

➡ Shadow Signature: _____

Date: _____

➡ Parent/Guardian Signature: _____

Date: _____

➡ Signature of Physician: _____

Date: _____

Physician's Address & Phone: _____
(Street) (City) (State/Zip) (Phone)

Requirements of the "Shadow" (SPHCS Provider)

1. Be a parent/guardian, parent designee (over the age of 18), or school district designee.
2. Pass fingerprint clearance required by your district to be alone with students.
3. Be thoroughly familiar with the student's specific medical condition and administration of any needed medications.
4. Be trained in the provision of any specialized medical care or emergency care as noted in the "Physician's Authorization to Attend" form.
5. Be physically able and willing to accompany the student on all hikes and activities, including strenuous hikes with elevation gains of over 1000 feet.
6. Supervise student back on campus when the student's health prevents him/her from participating on hikes.
7. Be on campus 24 hours a day in the event a student has a medical need. This requires sleeping in rooms with other students and chaperones.
8. Monitor student's food intake as needed for allergens. Bring food to supplement KEEP's menu if a special diet is needed. Please avoid items with nuts and shellfish as these are common allergens.
9. Follow all campus behavior expectations while in the presence of students. For example: no smoking, no cell phone calls, no soft drinks/candy/gum, etc. See Adult Behavior Contract for guidelines.
10. Work with the KEEP staff and classroom teachers to ensure a safe and educational experience for the student.

There is no charge for attending KEEP as a Shadow. Free room and board is provided for Shadows while at KEEP.

KEEP Requirements for Students with Specialized Health Care Needs

Specialized Physical Health Care Services (SPHCS) are those services required to enable students with chronic illness or other conditions to attend school in the regular school setting. These illnesses include, but are not limited to: diabetes, sensitivity to insect stings, seizure disorder, food or nut allergies, hemophilia, need for assistance with clean intermittent catheterization, mobility issues, cerebral palsy, sickle cell, cystic fibrosis, severe asthma (requiring a nebulizer), visual impairment, hearing impairment, medication injection of any type, suppository of any type or other medical procedures. Please see "Guidelines & Procedures for Meeting the Physical Health Care Needs of Pupils", Calif Dept of Education, 1990 for a comprehensive discussion of the manner and methods schools must employ to meet those needs.

Students requiring SPHCS may attend the Kern Environmental Education Program (KEEP) when the following measures have been taken to minimize risk and to assure the student's safety in considerations of a residential, outdoor program:

1. The Physician's Authorization to Attend KEEP Form is filled out & signed by a parent and physician. The student's parents and physicians are informed of the KEEP activities, the outdoor location, the changes in daily living, and the distance from emergency medical services.
2. An authorized medical shadow (the student's parent/guardian, parent designee, or school district designee), accompanies the student to KEEP, is in attendance during all program activities, and is trained to provide specialized health care as needed or prescribed by the child's physician. The procedures overseen by the shadow:
 - Must be learned in a reasonable amount of time.
 - Must not require the presence of a physician or medical judgment based on extensive medical training.
 - Must be provided so that the student can attend school or benefit from the educational program.
 - Must be ordered by a licensed physician or surgeon.
3. The KEEP Supervisor reviews all completed forms at least four weeks in advance of the student's attendance at KEEP.
4. The student's Individualized Education Plan (IEP) or 504 Plan study team review and revise the student's IEP or 504 Plan in consideration of the KEEP activities, the outdoor location, the changes in daily living, and distance from emergency medical services.