

Camp KEEP

Tonight's Agenda

- What is KEEP?
- Fundraising
- KEEP Preparations
- Medical Information
- Packing for KEEP
- Day of Departure
- At KEEP
- Medical shadow and counselor information
- Q&A





What is Camp KEEP?

- Dec. 15-19
- The Kern Environmental Education Program (KEEP) offers a residential outdoor science education for our 6th graders at KEEP Ocean.
- Students use the natural environment as a living laboratory while sharing the enriching experience of living in cabins together, eating community meals, learning on the trails, playing science games by starlight, singing songs around a campfire and falling asleep to the sound of the ocean.

Fundraising for KEEP

- 9/22-10/22
- Total Cost $424
- Rollover funds from 5th grade
- Raffle October 30th
- Chances to win Visa gift card along with other gifts and gift cards

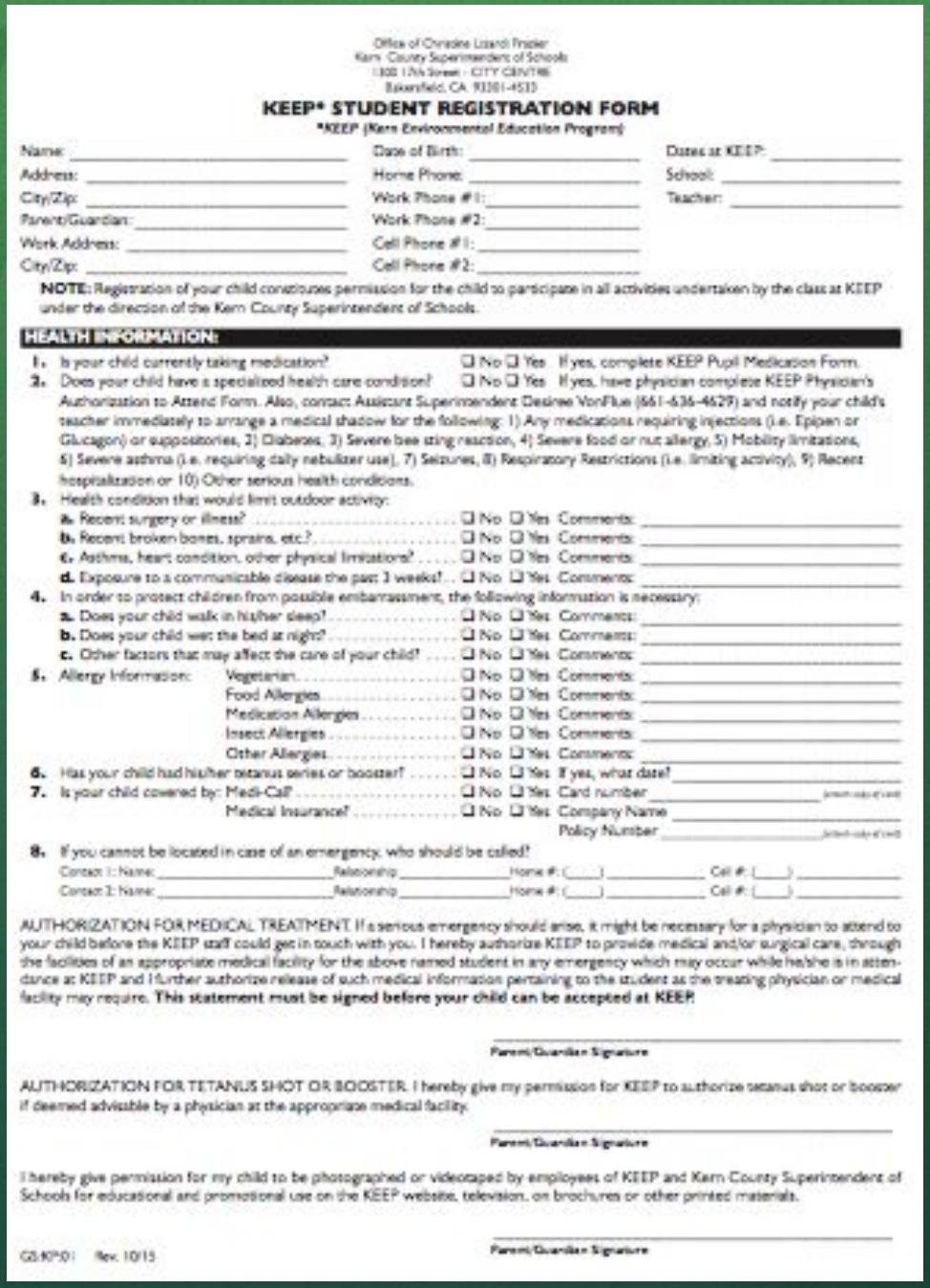


KEEP Preparation Mr. Paquette

- Tuition payment due

  DUE: 11/3
- Student Registration

  DUE: 11/3
- Copy of insurance card – front and back
- Medication forms (if applicable)



Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
1300 17th Street - CITY CENTER
Bakersfield, CA 93301-4533

KEEP* STUDENT REGISTRATION FORM

*KEEP (Kern Environmental Education Program)

Name: _____ Date of Birth: _____ Dates at KEEP: _____
Address: _____ Home Phone: _____ School: _____
City/Zip: _____ Work Phone #1: _____ Teacher: _____
Parent/Guardian: _____ Work Phone #2: _____
Work Address: _____ Cell Phone #1: _____
City/Zip: _____ Cell Phone #2: _____

NOTE: Registration of your child constitutes permission for the child to participate in all activities undertaken by the class at KEEP under the direction of the Kern County Superintendent of Schools.

HEALTH INFORMATION:

1. Is your child currently taking medication? ❑ No ❑ Yes If yes, complete KEEP Pupil Medication Form.
2. Does your child have a specialized health care condition? ❑ No ❑ Yes If yes, have physician complete KEEP Physician's Authorization to Attend Form. Also, contact Assistant Superintendent Desiree VonFlue (661-636-4629) and notify your child's teacher immediately to arrange a medical shadow for the following: 1) Any medications requiring injections (i.e. Epipen or Glucagon) or suppositories, 2) Diabetes, 3) Severe bee sting reaction, 4) Severe food or nut allergy, 5) Mobility limitations, 6) Severe asthma (i.e. requiring daily nebulizer use), 7) Seizures, 8) Respiratory Restrictions (i.e. limiting activity), 9) Recent hospitalization or 10) Other serious health conditions.
3. Health condition that would limit outdoor activity:
   a. Recent surgery or illness? ❑ No ❑ Yes Comments: _____
   b. Recent broken bones, sprains, etc.? ❑ No ❑ Yes Comments: _____
   c. Asthma, heart condition, other physical limitations? ❑ No ❑ Yes Comments: _____
   d. Exposure to a communicable disease the past 3 weeks? ❑ 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 Information: Vegetarian ❑ No ❑ Yes Comments: _____
   Food Allergies ❑ No ❑ Yes Comments: _____
   Medication Allergies ❑ No ❑ Yes Comments: _____
   Insect Allergies ❑ No ❑ Yes Comments: _____
   Other Allergies ❑ No ❑ Yes Comments: _____
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)
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. **This statement must be signed before your child can be accepted at KEEP.**

_____
Parent/Guardian Signature

AUTHORIZATION FOR TETANUS SHOT OR BOOSTER. I hereby give my permission for KEEP to authorize tetanus shot or booster if deemed advisable by a physician at the appropriate medical facility.

_____
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, television, on brochures or other printed materials.

_____
Parent/Guardian Signature

GS-KP-01 Rev. 10/15

Is your student taking medication to KEEP?
Mr. Paquette

- If a child is to be given any type of prescription or over-the-counter medication, a Pupil Medication Form must be completely filled out and signed by **BOTH PARENT AND DOCTOR.** *Each different medicine requires a signature*.
- For prescriptions sent, a ***doctor*** must complete and sign the county Pupil Medication Form indicating the name of the medication, its strength, and its dosage instructions.
- Over-the-counter medicines may ***only*** be sent in their original packaging and must have a doctor's signature.
- Every medical contact is logged.
  - Any/all medication consumed, temperature checked, etc.
- In case of unanticipated headaches, fever, etc.
  - Teacher will contact family to discuss treatment options.

Pupil Medication Form
Mr. Paquette

1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533

KEEP STUDENT MEDICATION FORM

Student: _____ Date of Attendance: _____

School: _____ Teacher: _____

MEDICATION #1

Name of Medicine _____ Dosage (tabs, tsp., puffs, etc.) _____

Strength (mg., ml., etc.) _____ Frequency (hours apart, etc.) _____

SCHEDULE OF ADMINISTRATION:

❑ Daily (indicate times below) **OR** ❑ As needed (PRN) (Under what conditions?) _____

❑ 7:30AM Breakfast ❑ 12PM Lunch ❑ 3:30PM Snack ❑ 5:30PM Dinner ❑ 8PM Bed

(DOSAGE) _____ (DOSAGE) _____ (DOSAGE) _____ (DOSAGE) _____ (DOSAGE) _____

Comments: _____

Physician's Signature: _____ **phone #:** _____

Parent/Guardian Signature: _____ **phone #:** _____

MEDICATION #2

Name of Medicine _____ Dosage (tabs, tsp., puffs, etc.) _____

Medical Shadows & Physician's Authorization Form
Mr. Paquette

- To ensure student health and safety, students who require a medical shadow will need to fill out a Physician's Authorization Form.
- **Who requires a shadow? Students with…**
  - **Diabetes**
  - **Epipen or other injection medication**
  - **Nebulizer**
  - **Seizures**
  - **Mobility issues**
  - **Sickle Cell**
  - **Recent hospitalization**
- Questions/concerns, contact district nurse, Morgan Howard.

Tips for KEEP Packing Mr. Rodriguez

- Sleeping bag & pillow
- Proper footwear is a must, but nothing new
- Items for dressing in layers
- Warm hat, gloves, jacket
- Label all clothing and equipment
- Bring a good attitude about getting dirty!
- Optional Items: disposable camera (no cell phones), sunscreen, sunglasses, flip-flops for shower, ear plugs if you are a light sleeper

What NOT to bring Mr. Rodriguez

- Student cell phones are NOT permitted
- Electronic games
- Scented items such as hairspray, lotion, perfume
- Candy, gum, extra food
- Blow dryers, curling irons
- Shorts
- Any items, other than ball caps, not allowed at school

Day of Departure
Mrs. Braziel

- When you arrive to school at 8:00am, drop off your luggage and medications by the following gates:
  - Gate 5/6
- Do NOT attach your sleeping bag to your duffle bag, simply secure tags provided by the classroom teacher on each piece of luggage.
- Students report to their classrooms. Parents, we kindly ask you to wait outside while roll is taken.
- Buses depart at 8:45

Day of Departure Cont'd Mrs. Braziel

- The nurse and/or admin will be by the luggage drop-off ready to check in all medications starting at 8:00am. No medications travel with students.
- There will be one stop in Shandon, where a snack and water will be provided to the students thanks to our generous PTC.

A Typical Day
Mrs. Braziel

- 7:00 a.m. – 8:30 a.m. Wake-up, breakfast, awards, and getting ready for the day. Students fill out their daily activity journal.
- 8:30 a.m. – 11:30 a.m. Nature walk to beaches, tidepools, forests, creeks, sand dunes, or Morro Bay.
- 11:30 a.m. – 12:30 p.m. Picnic Lunch.
- 12:30 p.m. – 3:30 p.m. Nature walk to beaches, tidepools, forests, creeks, sand dunes, or Morro Bay.
- 3:30 p.m. – 4:30 p.m. During this time, teachers provide activities for students such as art projects, writing letters home, or filling out their KEEP journals.
- 4:30 p.m. – 5:30 p.m. Recreation and shower time. Activities include nature center, soccer, volleyball, basketball, ping-pong, tether ball, snake holding & touch tank exploration.
- 5:30 p.m. – 7:00 p.m. Dinnertime! Students eat a nutritious dinner with a delicious dessert. After dinner students get ready for evening activities.
- 7:00 p.m. – 9:00 p.m. Evening program. Students work together playing various science games. Games are followed by a campfire, songs, and stories.

Sensitive Topics
Mrs. Braziel

- Bedwetting: handled discreetly, sleeping bags in trailer
- Homesick: homesick book from past students
- Food Issues: allergies are tactfully accommodated
- When in doubt, consult with classroom teacher

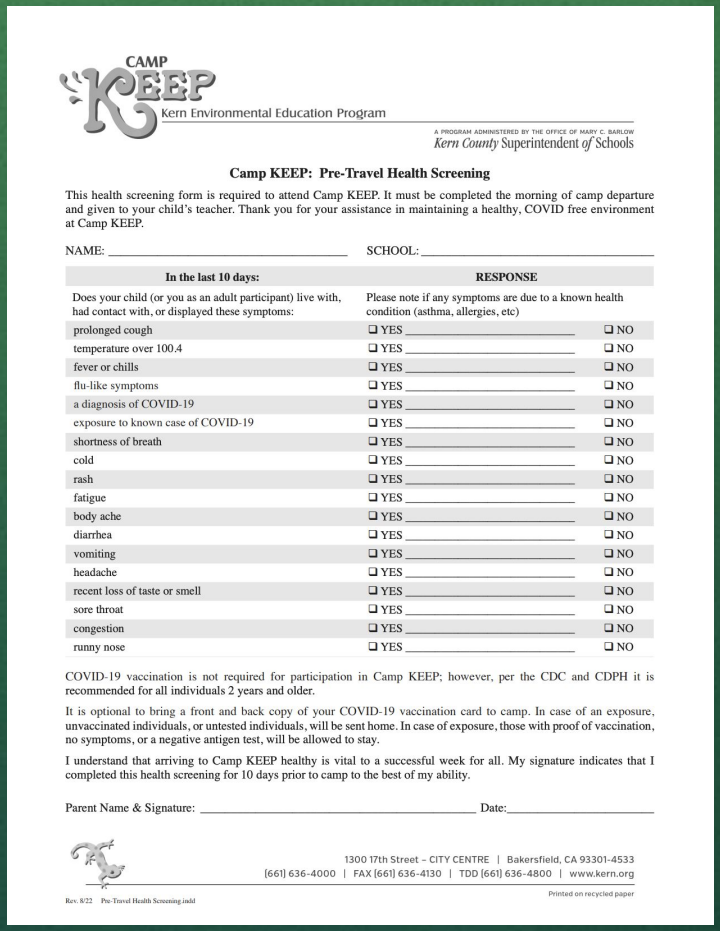
Important Information and Reminders
Mrs. Mudryk

- All medical shadows and counselors must be fingerprinted through the Norris School District. TBD soon
- Counselors and medical shadows must ride the bus, as there is limited parking at Camp KEEP, and your help in monitoring students on the bus is appreciated.
- Cell phones are permitted for adults only.
- Chaperones will be with students 23 hours a day with the exception of teacher hour.
- Medical shadows are solely responsible for their own child and must be with them at all times.

KEEP Health Requirements

Mrs. Mudryk

- Pre-Travel Health Screening is required to board the bus.
- This form will be turned into your teacher the day of departure.
- Students MAY NOT board the bus without this form on file.



CAMP KEEP
Kern Environmental Education Program

A PROGRAM ADMINISTERED BY THE OFFICE OF MARY C. BARLOW
Kern County Superintendent of Schools

Camp KEEP: Pre-Travel Health Screening

This health screening form is required to attend Camp KEEP. It must be completed the morning of camp departure and given to your child's teacher. Thank you for your assistance in maintaining a healthy, COVID free environment at Camp KEEP.

NAME: _____ SCHOOL: _____

In the last 10 days:	RESPONSE	
Does your child (or you as an adult participant) live with, had contact with, or displayed these symptoms:	Please note if any symptoms are due to a known health condition (asthma, allergies, etc)	
prolonged cough	❑ YES _____	❑ NO
temperature over 100.4	❑ YES _____	❑ NO
fever or chills	❑ YES _____	❑ NO
flu-like symptoms	❑ YES _____	❑ NO
a diagnosis of COVID-19	❑ YES _____	❑ NO
exposure to known case of COVID-19	❑ YES _____	❑ NO
shortness of breath	❑ YES _____	❑ NO
cold	❑ YES _____	❑ NO
rash	❑ YES _____	❑ NO
fatigue	❑ YES _____	❑ NO
body ache	❑ YES _____	❑ NO
diarrhea	❑ YES _____	❑ NO
vomiting	❑ YES _____	❑ NO
headache	❑ YES _____	❑ NO
recent loss of taste or smell	❑ YES _____	❑ NO
sore throat	❑ YES _____	❑ NO
congestion	❑ YES _____	❑ NO
runny nose	❑ YES _____	❑ NO

COVID-19 vaccination is not required for participation in Camp KEEP; however, per the CDC and CDPH it is recommended for all individuals 2 years and older.

It is optional to bring a front and back copy of your COVID-19 vaccination card to camp. In case of an exposure, unvaccinated individuals, or untested individuals, will be sent home. In case of exposure, those with proof of vaccination, no symptoms, or a negative antigen test, will be allowed to stay.

I understand that arriving to Camp KEEP healthy is vital to a successful week for all. My signature indicates that I completed this health screening for 10 days prior to camp to the best of my ability.

Parent Name & Signature: _____ Date: _____

1300 17th Street – CITY CENTRE | Bakersfield, CA 93301-4533
(661) 636-4000 | FAX (661) 636-4130 | TDD (661) 636-4800 | www.kern.org

Printed on recycled paper

Rev. 8/22 Pre-Travel Health Screening.indd

Friday: Welcome Back

Mrs. Mudryk

- Students will arrive back at school between 2:30-4:00(Updates via Parentsquare will be provided)
- There is no transportation from Bimat to home provided.
- Medications must be picked up from the teacher immediately following drop off.

- Your careful attention in providing accurate information will help us give your child the best and safest week possible.

- For many students, this will be the first long trip away from home. We are committed to making it a lasting and positive experience for each and every student.

- Thank you for your support, dedication, and preparation for this memorable 6th grade opportunity!

THANK YOU

Q & A Booths

Teachers will be at the front table for those of you who have questions.