

## 2010 CAMP KEE TOV REGISTRATION FORMS CHECKLIST

There are a number of forms included in this packet that are required in order to complete the registration process. Please complete, sign and return **all** of the forms to the Camp Kee Tov office without delay. If there is a form that you believe is not applicable for your child please indicate that on the form by writing "N/A" on the form before you return it to the office.

- Before & After-Camp Plans Form
- Medical Release Form
- Medication Policy & Release Form
- Beth El Parking & Traffic Agreement
- City of Berkeley Swim Waiver
- Campership Forms (if applicable)

Please feel free to contact the Camp Kee Tov office if you have any questions regarding these forms or about Camp Kee Tov.

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# 2010 CAMP KEE TOV BEFORE & AFTER CAMP PLANS FORM

Please Complete One Form For Each Child in Camp

**Child's Name:** \_\_\_\_\_

Please choose from the options below and check the boxes that work best for your family. Make sure to check at least one option for morning and one for afternoon even if you think your plans may change. If you've already signed your child up for Morning and/or Afternoon Chaverim when you registered please fill out and return this form even if it is a duplication of information.

## Before & After Camp Chaverim (Extended Day Care):

### Morning Chaverim

Before-Camp Care (\$150 Per Session)

Parent will drop child at Beth El after 7:30 am.

### Afternoon Chaverim

After-Camp Care (\$300 Per Session)

Parent will pick up child at Beth El by 6:00 pm.

## Before & After Camp Bus Drop Off & Pick Up:

### Morning Bus Pick Up Locations

- Alameda & Hopkins Morning Pick Up  
 Chabot School Morning Pick Up

### Afternoon Bus Drop Off Locations

- Alameda & Hopkins Afternoon Drop Off  
 Chabot School Afternoon Drop Off

For Bus Riders: I give my child permission to walk home unsupervised from the bus stop.  Yes  No

## Before & After Camp Parent Drop Off & Pick Up:

Morning Drop Off By Authorized Person

Afternoon Pick Up By Authorized Person

Child will be met and signed out at Beth El by parent or authorized person at 3:00 pm.  Yes  No

## Before & After Camp Child Walking To & From Camp:

Child Will Walk To Beth El In the Morning

Child Will Walk Home From Beth El In PM

Child will walk to and/or from Camp Kee Tov at Beth El without supervision.  Yes  No

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 2010 Medical Information & Release Form

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF MY CHILD IS IN GOOD PHYSICAL HEALTH AND IS CAPABLE OF PARTICIPATING IN CAMP ACTIVITIES, INCLUDING SWIMMING, FIELD TRIPS AND OTHER VIGOROUS PHYSICAL ACTIVITY. I HEREBY AUTHORIZE MY CHILD TO PARTICIPATE IN SUCH ACTIVITIES.**

**Illness, Accident, or Leaving Camp: In the event of serious illness or injury I authorize emergency medical care for my child. I wish my child to be taken to the nearest Emergency Medical Facility, and the following doctor notified:**

Child's name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Insurance Company & Policy Number: \_\_\_\_\_

Emergency Contacts: The following people have permission to pick up my child from camp on a regular basis or in the event of an emergency.

Parent 1 Name: \_\_\_\_\_ Phone Number (Day/Night): \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone Number (Day/Night): \_\_\_\_\_

Non-Parent 1 Name: \_\_\_\_\_ Phone Number (Day/Night): \_\_\_\_\_

Non-Parent 2 Name: \_\_\_\_\_ Phone Number (Day/Night): \_\_\_\_\_

Non-Parent 3 Name: \_\_\_\_\_ Phone Number (Day/Night): \_\_\_\_\_

Non-Parent 4 Name: \_\_\_\_\_ Phone Number (Day/Night): \_\_\_\_\_

Please describe any allergies or special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

\_\_\_\_\_

## **CONGREGATION BETH EL MEDICATION POLICY**

The Senior Staff in the Religious School, Nursery School and Camp Kee Tov (and their designees) are authorized to dispense prescription medication to students or campers **only if** the procedures set forth in this policy are followed and the accompanying Medication Release form is completed in full and filed with the Executive Director.

The parent or guardian of the child must provide the appropriate Senior Staff member with a protocol (substantially in the form of the Prescriber Authorization section of the Medication Release) signed by the physician who has prescribed the medication that (1) describes the dosage to be dispensed; (2) the number of times during the day that the medication should be dispensed to the child; and (3) the times of day that the medication should be dispensed. If the medication must be given at precise times or intervals, the protocol should so state.

The parent or guardian must also provide the appropriate Senior Staff with a written request (as set forth in the accompanying Medication Release) authorizing the staff of Beth El to store and hand the medication to the child and acknowledging that the child is responsible for self-administering the medication and familiar with the manner and mode for doing so. The authorization request must also provide contact phone numbers if Beth El must contact the parent or guardian in an emergency or if the child refuses to take the medication.

All medications must be provided to Beth El in their original container and must be clearly labeled with the child's name and the original prescription attached.

Without the foregoing information, Beth El staff cannot take responsibility for dispensing any medication to students.

Beth El will store all medications in a safe and secure location and will dispense the medications in a Beth El office, rather than in a classroom. Medications for Camp Kee Tov campers will be held by the Program Directors so that they can be dispensed during field trips and overnights in accordance with the information provided on the Medication Release form. Beth El will dispense the medication in compliance with the instructions provided. **BETH EL WILL NOT ADMINISTER THE MEDICATIONS TO THE CHILD, EVEN IF REQUESTED TO DO SO BY A PARENT OR GUARDIAN.**

If the child is uncooperative, Beth El will inform the parents immediately. However, Beth El reserves the right to refuse to dispense or to continue to dispense medication to any child if the child is repeatedly uncooperative, if Beth El is unable to contact the child's parent or guardian or if compliance with the process otherwise becomes disruptive or overly burdensome to Beth El.

Beth El staff will maintain a separate file for each child to whom medications are being dispensed, which file will be stored in a safe and secure location. Access to the file will be limited to Senior Staff (or their designees) responsible for dispensing the medication and the Executive Director. The file shall contain the written protocol and parent authorization form. In addition, Senior Staff responsible for dispensing the medication will keep and maintain in the file, a contemporaneous record indicating each dosage of medication dispensed and the date and time the medication was dispensed.

## CONGREGATION BETH EL MEDICATION RELEASE

### STUDENT INFORMATION

Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Nursery School      Religious School      Camp Kee Tov      Other \_\_\_\_\_

### PRESCRIBER AUTHORIZATION

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route of Administration (oral, topical, etc.): \_\_\_\_\_

Frequency/Time(s) to be given: \_\_\_\_\_

Begin Medication: \_\_\_\_\_ Stop Medication: \_\_\_\_\_

Potential Side Effects/Adverse Reactions: \_\_\_\_\_

Treatment order in the event of an adverse reaction: (attach additional sheet or use the back of this form if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Prescriber      Date      Phone      Fax

### PARENT AUTHORIZATION

I hereby give authorization for the staff of Congregation Beth El to store the medication(s) identified above and to dispense such medication to my child according to the above instructions. I have received and read Beth El's Medication Policy. I understand that Beth El staff will not administer the medication, but will merely store it and provide it to my child in accordance with the above instructions. I represent to Beth El that my child is familiar with the manner and mode by which the medication is to be taken. I recognize and acknowledge that neither Beth El nor its staff will be held liable for any illness or injury resulting from compliance with this authorization and will not be held responsible for reimbursement of medical expenses resulting from such compliance.

\_\_\_\_\_  
 (Signature of Parent or Guardian)      (Date)

In an emergency or if there are any questions or problems arise, please call \_\_\_\_\_ at:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

#### For Staff to complete:

Give medicine only if you can answer yes to all questions below:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Is the permission form above completed?              | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the medication in a child-proof container?        | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the original prescription label on the container? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the name of the child on the container?           | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the date on the prescription current?             | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Name of medicine	Dose	Date	Time	Given by	Comments

Dispenser's signature: \_\_\_\_\_

# **CONGREGATION BETH EL** **CAMP KEE TOV** **TRAFFIC AND PARKING RULES**

Dear Camp Kee Tov Parent,

Please carefully review the following rules and procedures for parking and driving at Congregation Beth El this summer. We are working very hard to accommodate the safety of your children, the parents, the synagogue, and our friendly neighbors, and we need your help. **Following these rules is critical to making our summer a success!**

Thank you,  
Zach Landres-Schnur  
Director, Camp Kee Tov

## **These Traffic and Parking Rules are designed to:**

- Provide a safe environment for children.
- Maximize pedestrian and vehicle safety.
- Minimize vehicle congestion, queuing, and parking on public streets by vehicles associated with Camp Kee Tov.
- Keep parking spaces on Oxford and Spruce Streets available for neighborhood use.
- Promote respectful driving and parking practices by Congregation Beth El members and Camp Kee Tov families.

## **General Beth El Parking and Traffic Rules:**

Please note that the Berkeley Police will issue citations for traffic and parking violations. Traffic on and around Congregation Beth El grounds is monitored by security staff and video surveillance.

- 1) Our driveway is one-way eastbound. All cars must enter northbound on Oxford, turning right (east) into the driveway, and exit onto Spruce Street.
- 2) When exiting the driveway, all cars must turn right onto Spruce (absolutely no left turns).
- 3) California Vehicle Driving Code and/or Congregation Beth El policy prohibit the following actions:
  - a) Double parking
  - b) Parking in a red zone
  - c) Blocking a neighbor's driveway, even "just for a minute or two"
  - d) Making U-turns
  - e) The use of horns except in the event of an emergency
- 4) Please respect the temporary "No Parking" signs on Spruce and Oxford streets that allow the Camp Kee Tov buses to enter and exit the driveway in the summer.

## **Morning Camp Kee Tov Drop-Off Procedures:**

In the morning, you may drop your child off at Congregation Beth El at 9:00 am.

- 1) All parents dropping off children in the morning must drive on site and drop children off at the designated area.
- 2) Do not let the child exit the car until you reach the designated drop-off area where counselors are waiting.
- 3) Please do not park in the morning – use this drop-off system.
- 4) To facilitate our morning drop-off procedure, please say your goodbyes before arriving at Congregation Beth El, and remain in your car when dropping off your child. A counselor will greet you and open the car door for your camper at the designated drop-off area.

## **Afternoon Camp Kee Tov Pick-Up Procedures:**

In the afternoon, you must pick up your children from Live Oak Park at 3:00pm.

- 1) The designated pickup area is at Live Oak Park at 1275 Walnut Street – in front of the Berkeley Art Center.
- 2) To pick up a child, you must park on Walnut Street and sign the child out with his/her counselor. Park only according to posted signs. There are no exceptions for Camp Kee Tov parents, and enforcement will be strict.
- 3) Children not picked up by 3:15 pm will be taken to Chaverim (daycare) at Congregation Beth El and must pay the aftercare charge for that day (\$30).
- 4) Children enrolled in Chaverim (daycare) may be picked up at Beth El between 3:15 pm and 6:00 pm. Parents may park on site and must sign the child out with a counselor.

**THIS FORM MUST BE COMPLETED AND RETURNED  
TO CAMP KEE TOV BEFORE CAMP BEGINS!**

**CONGREGATION BETH EL  
CAMP KEE TOV  
PARENT / DRIVER AGREEMENT**

I/we am/are the parent/guardians(s) of \_\_\_\_\_ enrolled in Camp Kee Tov. I/we have read, understand, and agree to abide by the Congregation Beth El / Camp Kee Tov Traffic and Parking Rules. Any designated driver of my/our children will also be given a copy of the Congregation Beth El / Camp Kee Tov Traffic and Parking Rules.

I/we promise to work with Congregation Beth El to reduce peak period automobile traffic by actively participating in car pool programs and/or encouraging my/our child(ren) to walk or use Feeder Buses or public buses when appropriate.

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list all drivers for your household (including babysitters) who will travel to and from Beth El and information for each vehicle:

<b>Driver's Name:</b>	<b>Make &amp; Model of Vehicle:</b>	<b>License Plate #:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

