City of La Porte

Youth Summer Safety Camps

The City of La Porte will be hosting 4 Youth Summer Safety Camps on Saturday…

July 21st, July 28th, August 11th & August 18th

Camps will be for City of La Porte & La Porte I.S.D. Residents. The camps will be fun and youth ages **5 to 9 years** old will learn important safety information. Camp times will be **9:00a.m. to 3:00p.m.**

Camp I – July 21st @ Jennie Riley Civic Center – 322 N. 4th. This camp will focus on Animal Safety, Stranger Danger, Internet, Pedestrian Crosswalk and Seat Belt Safety.

Camp II – July 28th @ La Porte Fire Training Field – 12201 N. C St. - This camp will focus on Fire Safety, Emergency Management, Child Safety Seat Checks & Administering Immunizations. Car seat inspections will be available by appointment only on July 28th. Please call or email Paramedic Rachel Gomez @ 281 470-0073 or GomezR@laportetx.gov. For immunizations, you must bring your child's permanent immunization record. Immunizations supplies may run low due to demand for the back to school requirements.

Camp III – August 11th @The Senior Center @ The La Porte Fitness Center (1322 S. Broadway) and then walking to the wave pool. The camp will focus on Water Safety & What to do if you find a Gun. We will need an adult with each child under 7 years old.

Camp IV – August 18 @ Pecan Park – 3600 Canada Rd. – This camp will be a Bike Rodeo and each child will be provided with a free bicycle helmet.

To register your child for camp, please email Officer Stanley with your child's name and age. Once they have been added to the list for a particular camp or camps, you will need to fill out a registration packet and return it by the date of the camp. On camp day, please make sure you check in at the registration table. Registration will be on a **first come basis** for the first 40 who register. If you have any questions…please feel free to contact Officer Yvonne Stanley at stanleyy@laportetx.gov or 281 830 5208.

City of La Porte Summer Safety Camp

Registration Form

City of La Porte Summer Safety Camps are for City of La Porte and

La Porte I.S.D. Residents who are 5 to 9 years old. 5 & 6 year olds MUST be accompanied by an adult.

A completed packet must be <u>Returned</u> by First day of camp

Child's Name _____Age_____

Address _____ Home Phone_____

City, TX Zip _____

School and Grade_____

<u>Emergency Contacts</u>

#1 Name _____ Phone # _____

Relationship _____ Phone # _____

#2 Name _____ Phone # _____

Relationship _____ Phone # _____

You must provide transportation for your child each day.
In the event of injury, the La Porte Police Youth Summer Safety Camp Program staff is authorized to obtain any necessary emergency medical treatment for my child.

X_____

Parent or Guardian Signature

Phone 281-842-3184 FAX 281-470-1639

La Porte Police Department, 3001 N. 23rd Street La Porte, TX 77571

Medical Information along following pages

City of La Porte Summer Safety Camp

Phone 281-842-3184 FAX 281-470-1639

La Porte Police Department, 3001 N. 23rd Street, La Porte, TX 77571

Authorization for Medical Treatment of Minors

I, _____, do hereby authorize any and all emergency medical care and treatment deemed necessary by the Emergency Medical Technician or other staff personnel certified to provide emergency first aid at the La Porte Summer Safety Camp Program for:

_____ _____ _____

Child's Name Age Relationship

At the discretion of the Camp Coordinator, or the senior Emergency Medical Services person on site, emergency medical care or first aid may be provided by staff or attending EMS personnel as may seem reasonably appropriate in the event of illness or injury. If a determination is made by EMS personnel that further medical treatment is warranted, the camper will be transported to the nearest available emergency medical facility. Parents or Guardians will be notified as soon as practical.

Any known Allergies: _____

Medication(s) currently being taken:

_____

_____

Pertinent medical history: _____

Family Doctor: _____Phone #: _____

Insurance Company: _____

Insurance Identification Number: _____

Signature of Parent / Guardian
Completing this Form…….._____

Medical History: Explain all that are checked Yes.

	No	Yes	Year and Details
Serious Illness			
Serious Injury			
Deformity			
Surgery			
Ear, Nose, Throat, Sinus			
Teeth			
Chest, Lungs			
Heart			
Kidneys			
Hernia			
Back, Limbs, Joints			
Nervous Condition			
Other			
Other			

☐ Allergy to Medicine, food, plant, animal or insect toxin.

☐ Any condition that may require special care, medication or diet.

☐ Asthma ☐ Convulsions ☐ Heart Trouble

☐ Diabetes ☐ Fainting Spells ☐ Bleeding Disorders

☐ Contact Lenses

Explain all that are checked.

_____

_____

_____

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Email – stanleyy@laportetx.gov