



County of Los Angeles Department of Parks and Recreation

Care Camp

Registration Packet



Dear Caregivers:

Welcome to LA County Parks and Recreation Care Camps. In response to the ongoing wildfires, we are opening DPR Care Camps at select LA County Park locations to provide a supportive and safe environment for children and families impacted by the fires. These camps are designed to assist families under mandatory evacuations or those affected by the wildfires, offering a space where children ages 5-18 years old can learn, play, and thrive while parents focus on recovery. Our camps are here to bring a sense of normalcy, fun, and community to families during this difficult time. Let us help your children thrive while you focus on what matters most.

Of our four Safe Haven Camps, two locations will also include teen centers open to youth ages 12-18, with extended program hours from 8:00 AM to 7:00 PM. These teen centers will offer age-appropriate activities and a safe space for older youth to connect, engage, and receive support during this challenging time. Our camps are here to bring a sense of normalcy, fun, and community to families during this difficult time. Let us help your children and teens thrive while you focus on what matters most.

What to Expect

- Creative and Educational Activities: Arts and crafts, educational sessions, and games.
- Active Play Zones: Supervised sports and outdoor activities (adjusted based on air quality).
- Quiet Spaces: Relaxation and reading zones to help children unwind.
- Compassionate Supervision: Our caring and trained staff are here to ensure every child feels safe and supported.

Dates and Times

- Our camps will operate Monday through Friday, 8:00 AM to 6:00 PM, at select LA County Parks and Recreation locations. Camps will open on Monday, January 13, 2025.

Who Can Attend?

- The camps are open to children ages 5-18 years old, with priority given to families under mandatory evacuations or those significantly impacted by the fires.

Meals Provided

- Each child will receive two snacks, a lunch, and supper.

Safety First

- We are committed to maintaining a safe and healthy environment. Camps will include:
 - Daily air quality monitoring to adjust activities as needed.
 - Masks (N95 or KN95) for staff and participants in areas with compromised air quality.
 - Strict adherence to public health and safety protocols.

For any additional questions, please do not hesitate to contact park staff.



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Code of conduct

At LA County Parks and Recreation Safe Haven Camps, our goal is to provide a safe, supportive, and comforting environment for children affected by the wildfires. We are committed to fostering positive behavior and empowering campers to express themselves respectfully and responsibly. To ensure the safety and well-being of all participants, we maintain a zero-tolerance policy for violence or disruptive behavior. If behavioral concerns arise, guardians will be promptly contacted, and we will work together to address the situation. However, if a camper is unable to follow camp guidelines, they may be dismissed from the program. Our priority is to create a space where every child feels secure, supported, and able to thrive during this challenging time.

Six Pillars of Character

1. **Caring:** Be kind to others. Never insult or hurt others. Always be ready to forgive.
2. **Respect:** Respect yourself, other campers, and the staff members. Never disrespect others with bad language or by physically injuring them. Always be considerate.
3. **Responsibility:** Be a responsible camper by always doing your best. Work hard and show others you can use self-control at all times.
4. **Fairness:** Always play by the rules, even if the situation is not going your way. Learn to listen to others and to compromise.
5. **Trustworthiness:** Be a trustworthy camper by being honest and truthful at all times.
6. **Citizenship:** Be a camper who exhibits good citizenship by listening to the staff members at all times, and treating others how you would like to be treated.

The following guidelines are designed to make your experience satisfying for you and all others attending. The individual rights, safety of others must be respected.

RESPONSIBILITY FOR PERSONAL BELONGINGS/LOST & FOUND

We are not responsible for lost, stolen or damaged personal items that children, parents/ caregiver may bring to the program site. All personal items brought to the program site are brought at their own risk.

BEHAVIOR MANAGEMENT

The safety of a child is the highest priority for setting behavior management procedures.

When a child has a serious discipline problem, (on any ONE occasion), the parent/ caregiver may be called by the camp staff to request that the child be picked up within one hour of the call. The child must be picked-up within one-hour from the program site. Examples of serious discipline problem may include but not limited to:

- Hitting another child
- Threatening or intimidating others
- Injuring another child or staff member
- Leaving the program site and/or refusing to remain with their group
- Use of foul language or being repeatedly disrespectful towards a staff member
- Defacing program property
- Stealing



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BULLYING POLICY

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or a group of people want to have power over another and use their power to get their way. Bullying can also happen in cyberspace through the use of emails, social media sites, and text messages. Any type of bullying is grounds to suspend a student from attending. Every person has the right to have the best possible experience, and by working together as a team to identify and manage bullying, the camp leaders can help ensure that all children have a great time in program. Parents/ caregivers should report any instances of alleged bullying to the camp director of the program or a member of the program leadership team. The parent/ caregiver may be called by the camp director to request that the child be picked up within one hour of the call.

Behavior Log

DATE	RULE BROKEN	OUTCOME	STAFF/PARTICIPANT/PARENT INITIAL



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EMERGENCY INFORMATION

Child's Name: _____ Age: ____ Birth Date: ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s) Name: _____ Primary Phone: (____) _____

Medical Information:

1. Is your child on regular medication? _____
 ★ During program hours, medication cannot be left at the park. Only a caregiver is authorized to administer medication as day camp staff are not permitted to do so.

2. If yes, explain: _____

4. Other or food allergy, explain: _____

5. In the event of sudden illness, accident, or injury which may occur while the said minor is engaged in any activity supervised by the County of Los Angeles Department of Parks and Recreation and its representatives, agents, or assignees, when neither the parent nor guardian can be contacted, I hereby give consent pursuant to California Family Code Section 6910 and California Civil Code 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

In case of an emergency, please provide contact below: *(If more contacts are required, please attach an additional page).*

Parent Name	Place of Employment	Address, City, Zip	Phone#
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Name	Relationship	Address, City, Zip	Phone#
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Name	Relationship	Address, City, Zip	Phone#
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Is their another member of the family in the program? If yes, please provide information:
 Name: _____ Relationship: _____



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ALTERNATE Person to PICK UP CHILD

Child's Name: _____ Age: ____ Birth Date: ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s) Name: _____ Primary Phone: (____) _____

Alternate Person to Pick-Up Child: We do not release campers to friends, neighbors, nor relatives etc. without written confirmation from the parent/legal guardian. If parents are not available, please list any other adults authorized to pick-up child from Reseda Recreation Center. Photo ID will be required. Person must be at least 18 years of age. In case of emergency, please list alternate authorized person to contact or release child to:

	NAME (LAST NAME, FIRST NAME)	PHONE NUMBER	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

This form will be kept on file for the season unless replaced by the same parent.



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AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS OR ACCIDENT

(I), the undersigned parent of _____, a minor, do hereby authorize the County of Los Angeles Department of Parks and Recreation as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of their best judgment may deem advisable.

This authorization shall remain effective until **January 31, 2025**; unless sooner revoked in writing delivered to said agent.

Parent/Legal Guardian Signature: _____ Date: _____

Health Care Information (Optional)

Insurance Provider: _____ Policy #: _____

Doctors Name: _____ Phone #: _____

List any restrictions of activity for medical reasons (i.e. frequent colds, fainting spells, ear troubles, allergies):

As part of our commitment to the Americans with Disabilities Act and our participants, are there any accommodations needed for your child's participation in the Day Camp Program? Yes No

If yes, please provide information for your child's accommodation request:

Should anything happen to the camper that would alter this health history information after this form is sent and before arrival at camp, please let the camp know immediately.



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CAMPER HEALTH SCREENING INFORMATION

Name: _____ Birthdate: _____
 Address: _____ City: _____ Zip: _____
 Parent/Guardian: _____ Home Phone: _____ Work Phone: _____
 Emergency Contact: _____ Phone: _____
 Doctor (Name): _____ Phone: _____

PLEASE CHECK IF THE CAMPER HAS HAD THE FOLLOWING

- | | | |
|--|--|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Asthma | <input type="checkbox"/> Upset Stomach |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Tuberculosis | | <input type="checkbox"/> Nosebleeds |

IMMUNIZATIONS

MONTH	YEAR	IMMUNIZATION OR BOOSTER	MONTH	YEAR	IMMUNIZATION OR BOOSTER
JAN	2014	TETANUS (EXAMPLE)			MEASLES
		TETANUS			HEPATITUS
		DIPHTHERIA			COVID-19 (LAST DOSE)
		POLIO			MUMPS

ADDITIONAL HEALTH INFORMATION

Please let us know if your camper opts-out of immunizations, and if so please provide the necessary documentation or exemption form: _____
 Please describe any health, dietary or camp activity restrictions: _____

Can the Camper be given the following or its generic form? (Please check all that apply)

- Tylenol Advil Motrin Mylanta Pepto Maalox Benadryl

Has the camper received Medical or Psychological treatment during the past year?

- Yes No Date: _____ Reason: _____

Does the Camper Take Medication?

- Yes No If so, what medication? _____

Does the camper have any current physical, mental or emotional concerns?

- Yes No Remarks: _____

ALL PRESCRIPTION DRUGS MUST BE ADMINISTERED BY THE CAREGIVER. CAMP STAFF ARE NOT PERMITTED TO DO SO



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**AUTHORIZATION FOR CONSENT TO TREATMENT OF MINOR
AT AUTHORIZED HEALTH CARE FACILITY IN THE EVENT OF EMERGENCY, ILLNESS OR ACCIDENT**

I (We), the undersigned parent(s)/guardian(s) of the above-named participant, a minor, do hereby authorize the staff of LA County Parks and Recreation as agent(s) for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act and on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

By signing below, I acknowledge that I have thoroughly read, understand, and agree to the Safe Haven Camp policies, procedures, agreements, and Code of Conduct. I have discussed these guidelines and expectations with my child, and we both fully understand the importance of adhering to all camp rules and the consequences that will result from any failure to comply. As the parent/guardian of the above-named participant, I have assisted my child in understanding their responsibilities as a camp participant and the behavioral expectations set forth to ensure a safe, respectful, and enjoyable environment for all campers. I understand that the Program Rules & Regulations will be strictly enforced, and by signing below, I agree to comply with all rules and regulations. Additionally, I affirm that all information provided on this form is accurate and truthful to the best of my knowledge.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ORIGINAL SIGNATURE REQUIRED IN BLACK OR BLUE INK