

Delaware State Fire School

Junior Fire Camp

June 27-29, 2017

8 am to 4 pm each day

Ages 13-17



Learn about firefighters and EMT's

Cost: \$50 (lunch provided)

Location: Delaware State Fire School

1461 Chestnut Grove Rd, Dover, DE

Each camper gets a t-shirt

Cookout and skills demonstration for parents June 29 at noon

In Partnership with the Delaware Volunteer Firefighters Association

Follow us on Facebook at "DSFS Junior Fire Camp"



DELAWARE STATE FIRE SCHOOL 2017 CAMP APPLICATION

1461 Chestnut Grove Rd, Dover, DE 19904 302-739-4773



Please select camp to attend (select one)

Junior Firefighter Camp (Jun 27-29)

Camp Fury (Aug 19-20)

CAMPER INFORMATION

Camper Name (Last Name, First Name)		Date of Birth	Age
Primary Address	City	State	Zip
Parent or Guardian	Primary Phone	Secondary Phone	
Parent or Guardian	Primary Phone	Secondary Phone	

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name	Relationship
Primary Phone	Secondary Phone

CAMPER HEALTH INSURANCE INFORMATION

(In case of illness or injury during the camp requiring a hospital visit)

Policy Holder's Name	Insurance Company Name
Policy Number	Group Number
Insurance Company Address	Insurance Company Phone

Copy of Insurance Card requested but not required with application.

CAMPER NAME _____

DSFS CAMP APPLICATION



CAMPER MEDICAL HISTORY

Please complete the following and provide any explanation on medical conditions we should be aware of:

Non-Insulin or Insulin Dependent Diabetes
Heart Problems/Defects or Hypertension
Asthma or Respiratory Problems
Musculoskeletal Problems
Convulsions/Seizures/Epilepsy
Fainting Spells
Emotional Problems or Mental/Psychological Disorders
Nosebleeds
Headaches/Migraines
Bleeding Disorders
Eating Disorders
Significant Surgery or Hospitalization within the past year
Recent Communicable Illness (Influenza, Chicken pox, etc.)
Any Physical Restrictions
Other: _____

ALLERGIES (Medicinal or environmental)

Allergy	Reaction/ Sensitivity	Treatment	Date of Last Reaction (if any)
1			
2			
3			
4			

Does your child suffer from Anaphylaxis and carry an Emergency Epinephrine Injector?

Yes No

Does your child suffer from Asthma/COPD and carry an Emergency Rescue Inhaler.

Yes No

Does your child require regular medication to be taken during the hours of the camp?

Yes No

If yes, please list below

Medication	Purpose	Dosage Schedule	Instructions	Camper Self Medicates?
1				Yes No
2				Yes No
3				Yes No
4				Yes No
5				Yes No
6				Yes No

I give the Staff of the Delaware State Fire School Camps permission to assist with medication administration if required by my child.

Parent/Guardian Signature: _____

Date: _____

CAMPER NAME _____

DSFS CAMP APPLICATION



If needed, the Camper has permission to take the following over-the-counter medications if available:

Tylenol Acetaminophen

Aspirin

Ibuprofen

Benadryl/Antihistamine

Robitussin/Cough medicine

Sudafed/Decongestant

Pepto Bismol

Tums/Antacid

Skin Ointments (in case of rash, etc.)

Other:

Does your Camper have a Special medical or dietary regimen that is to be followed?

Yes No

If yes, please explain:

DELAWARE STATE FIRE SCHOOL 2017 CAMP APPLICATION MEDICAL EXAMINATION

This section is to be completed by a physician after reviewing the camper health history with the parent/guardian. The Parent Guardian must complete all of the Health History information to the best of their knowledge, before meeting with the licensed professional.

Medical Examination - Must be completed in detail

Height: _____ lbs. Weight: _____ in BP _____ Hearing? Left: S NS NE Right: S NS NE

Vision? S NS NE Vision Correction with Glasses/Contacts? Yes No

Ears, Nose, Throat? S NS NE Abdomen? S NS NE Urinalysis? S NS NE

Extremities? S NS NE

Key: S = Satisfactory NS = Not Satisfactory NE = Not Examined

Immunization History

	Completed	Year		Completed	Year
Hep B	Yes or No	_____	Typhoid	Yes or No	_____
Dtap/Tdap	Yes or No	_____	Paratyphoid	Yes or No	_____
DT/Td	Yes or No	_____	Cholera	Yes or No	_____
Hib	Yes or No	_____	Yellow Fever	Yes or No	_____
IPV/OPV	Yes or No	_____	Typhus	Yes or No	_____
PCV7	Yes or No	_____			
Personal or Religious beliefs dictate against immunizations?			Yes	No	

DELAWARE STATE FIRE SCHOOL 2017 CAMP APPLICATION MEDICAL EXAMINATION (cont'd)

CAMPER NAME _____

DSFS CAMP APPLICATION

**PHYSICIAN COMPLETING MEDICAL EXAMINATION**

Licensed Physician Name: (Last, First, Middle Initial)	Office Phone Number:		
Office Address:	City:	State:	Zip:

This person is in satisfactory condition and may engage in all usual activities, including physically demanding activities, except as noted below.

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Signature of Licensed Physician: _____

State License Number: _____ Date: _____

HEALTH INFORMATION PRIVACY STATEMENT

The Health history and medical examination form for minors is for health care concerns at the specified event **only**. All records will be handled by staff/volunteers, whose jobs include processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor for the specific event. Minimal necessary information may be shared with event staff in order to provide adequate participant safety and health care. This form will be retained for seven years past the age of maturity of the participant (18 yoa). Access to the information will be limited, but copies may be requested from the event sponsor, by the participant, or their legal representative. I have read the above procedures for handling the health and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This Health History and medical Examination Form for Minors is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me or the examining physician.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE AUTHORIZATION

I hereby grant the The Delaware State Fire School and all the organizations/partnerships associated with this camp permission to record my child/ward's or my (if adult participant) likeness and/or voice for use in television, films, radio or printed media to further the aims of the camp program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit. **I do** **I do not**

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CLAUSE

In the event I cannot be reached in an emergency, I hereby give my permission to camp staff of The Delaware State Fire School and all the organizations/partnership associated with this camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first aid treatment, transport to a hospital, and any necessary injections, anesthesia, surgery, or other medical procedures deemed necessary.

I do **I do not**

Parent/Guardian Signature: _____ Date: _____

Delaware State Fire School - *Payment Information*

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.



2017 Junior Fire Camp:

Course Name: 2017 Junior Fire Camp

Date(s) Attending: June 27-29, 2017

Class Time: 8am-4pm each day

Class Location: Delaware State Fire School Dover

Shirt Size: Child L Adult S Adult M Adult L Adult XL

Comments:

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov
Email: Fire.School@state.de.us
Rev. 11/18/15

Attendee Information

Child's Name:

Child's Date of Birth

Parent/Guardian Name:

Primary Contact #:

Primary Address:

City, State, Zip:

Secondary Contact:

Secondary Contact #:

Payment Information

Tuition:

☐ Check payable to Delaware State Fire School

☐ Credit Card Select Type:

Card Number:

Expiration Date:

Security Code (CVV):

Cardholder Name:

CARDHOLDER SIGNATURE: The I authorize the Delaware tate Fire School to charge the amount listed above to the credit card provided herein.
I agree to pay for this purchase in accordance with the issue bank cardholder agreement.

CARDHOLDER SIGNATURE

Date