



## *CAMP FURY DELAWARE*

Emergency Services Camp

August 19 & 20, 2017

Registration 8a-9a, both days

Camp 9a-4:30p, both days

Tuition: FREE

About



Camp Fury will introduce young women to various fields available in emergency services, including:

- Fire Fighting & Hazardous Materials
- Rescue & Emergency Medical Services
- Fire Investigation & Fire Prevention
- Law Enforcement
- Emergency Management

Attendees will be led by women from these fields, sharing their personal experiences in achieving their goals.

Young women introduced into the Fire & Emergency Services can begin early and have long, successful careers in the field.

Camp Fury is designed to promote the Fire & Emergency Services to young women in the State, ages 13-17, and encourage their participation in the future.

The attendees will participate in hands-on training, led by women experienced in these areas.

Those attending will receive a T-shirt and lunch both days.

There will also be female speakers from various areas of Emergency Services.

Follow us on Facebook @CampFury Delaware and on Twitter @CampFuryDe

info and Registration: [www.statefireschool.delaware.gov/camps.shtml](http://www.statefireschool.delaware.gov/camps.shtml)  
302-739-4773

Registration Deadline July 28th

**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	
Parent or Guardian -			

Camper Shirt Size

Adult Small

Medium

Large

XL

XXL

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