



CAMP FURY DELAWARE

Emergency Services Camp

August 9, 10 & 11, 2024

Registration 8a-9a

Camp 9am - 4:30pm

Delaware State Fire School

Dover, DE 19904



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 men and 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 instructors experienced in these areas.

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

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

Info and Registration:

<https://statefireschool.delaware.gov/fire-emergency-services-camps/#campfury>
302-739-4773

Registration deadline July 1st

**DELAWARE STATE FIRE SCHOOL
2024 CAMP APPLICATION**

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



CAMPER INFORMATION

Camper Name (Last Name, First Name)	Shirt Size	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
Primary Email	

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 Camp 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 2024 CAMP APPLICATION MEDICAL EXAMINATION (cont'd)

CAMPER NAME _____

DSFS CAMP APPLICATION



CHILD'S PHYSICIAN INFO IN CASE OF EMERGENCY

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

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 yo). 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.

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: _____