



2026 Delaware State Fire School

Junior Fire Academy

Academy Dates:	June 22 – June 25, 2026
Class Time:	9:00 AM – 4:00 PM (Daily)
Ages:	13 – 17 Years Old
Tuition:	\$50.00 per Cadet
Spots Available:	40 Cadets (Limited Enrollment)
Registration Deadline:	May 1, 2026

Program Highlights

- Hands-on Fire & EMS service training
- Team-building exercises
- Lunch provided each day
- No Delaware Fire Company affiliation required to attend

Registration Information

Applications can be found on Facebook and on our website: www.statefireschool.delaware.gov

Cadets who are members of a Delaware Fire Company only need to complete a regular DSFS Registration Form.

Secure your spot early — space is limited and fills quickly!

DELAWARE STATE FIRE SCHOOL
2026 JUNIOR FIRE ACADEMY APPLICATION
 1461 Chestnut Grove Rd, Dover, DE 19904 302-739-4773



CADET 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

CADET 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.

CADET NAME _____

CADET 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				<input type="radio"/> Yes <input type="radio"/> No
2				<input type="radio"/> Yes <input type="radio"/> No
3				<input type="radio"/> Yes <input type="radio"/> No
4				<input type="radio"/> Yes <input type="radio"/> No
5				<input type="radio"/> Yes <input type="radio"/> No
6				<input type="radio"/> Yes <input type="radio"/> No

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

Parent/Guardian Signature: _____

Date: _____

CADET NAME _____

If needed, the Cadet 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 Cadet have a Special medical or dietary regimen that is to be followed?

Yes No

If yes, please explain:

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	

MEDICAL EXAMINATION (CONTINUED)

CADET NAME _____

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.

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 academy 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 academy staff of The Delaware State Fire School and all the organizations/partnership associated with this academy 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 - Registration Form



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

CourseName:

DatesAttending:

ClassTime:

Shirt Size:

Shorts Size:

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@delaware.gov

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[Click Here to Print and Fax Completed Form](#)

Attendee Information

Name:

Date of Birth: DSFS Person ID: (If Known) NFA ID #: (If Known)

Address: City: State: ZIP:

E-Mail: Phone: Phone Type:

Sponsoring Organization: Gender: Ethnic Origin: (Optional)

Payment Information

Course Tuition:

Check enclosed made payable to Delaware State Fire School

Invoice (approved account)

Credit card (DSFS will call you for information)

Cardholder Name:

Cardholder Phone:

Accepted Credit Cards: **Visa, Mastercard, Discover**
We are unable to accept American Express or Apple Pay

CANCELLATION POLICY: Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, I agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE Date

[CLICK HERE to Send to Supervisor for Approval by Email](#)

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

In accordance with NFPA 1001, I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course and/or has received a professional medical exam declaring their physical fitness before participating in firefighting activities. In the case of no physical documentation or significant change in health, a physical may be required before participation in this course. I understand that payment for the course and any/all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Sponsoring Organization Name Title Contact Phone Number

Authorized Signature of Sponsoring Organization Date

[CLICK HERE to Submit Registration to Fire School by Email](#)