Linn County Young Women’s Fire Academy 2024

*"To provide opportunities for young women to learn about the fire service from the women of the fire service."*

**Hello candidate! Welcome the Linn County Young Women's Academy!**

Thank you for showing interest in the Young Women's Fire Academy. Here at the Academy, it is our goal to create a fun, interactive, supportive, inspiring atmosphere for **YOU** to learn about the ins and outs of the fire service. *If you will be 14 to 19 years old on July 13th and live in the state of Oregon*, you are eligible to apply for one of our limited positions in the 2024 Fire Academy. If you're interested in the fire service, or just want to learn more about it, come and join us. It is ***free*** to all candidates and will be held on July 13th and 14th from 0800 to 1730 (8:00 am to 5:30 pm) on both days. We have a full list of valuable classes in the making, encompassing the many skills needed to succeed in the fire service, including; fire suppression, emergency medical services, interviewing skills, climbing ladders, vehicle extrication, physical fitness, technical skills, teamwork and leadership skills, and much more.

The Academy is designed to be fun, challenging, entertaining, and educational; all at the same time. We want you and all candidates to learn about what it takes to be a firefighter, guide you to meet your goals, and give you the tools to be successful in life. Many of the skills learned in the Academy will transition to whatever career path you decide to pursue.

If the Fire Academy sounds like something you'd be excited to be a part of, *please apply.* In this packet are all the required forms needed for you to get started. Please take the time to carefully read through all documents and fill out the forms that are required. Take note there are special forms for you to fill out if you are under 18, and special forms to fill out if you are 18 and over. Once completed, you'll need to either mail the forms to us or you can bring them in and drop them off Monday through Friday from 0800 to 1630 (8:00 am to 4:30pm) at Lebanon Fire Station 31 at 1050 W. Oak Street, Lebanon. ***All required documents are due Friday, May 3rd, 2024 by 1630 (4:30pm).*** You can also email the application to enunes@lebanonfireoregon.gov. Applications are accepted on a first come, first serve basis. We are expected to fill up this year, so get your application in early! Incomplete or late application packets will not be accepted.

*Required documents are:*

**Application**

**Fire Academy Rules**

**Health History and Emergency Contact Form**

**Authorization and Release Statements**

*Please address or deliver your envelope to:*

**Linn County Young Women's Fire Academy**

**c/o Lebanon Fire District**

**Attn: Lieutenant Erin Nunes**

**1050 W. Oak Street**

**Lebanon, Oregon 97355**

Good luck! We hope to see you this summer!

Linn County Young Women's Fire Academy



Candidate Application

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Initial Last

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

 Number and street City State Zip code

**Birth date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Your age on July 13th, 2024:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver's License:** Do you have a valid driver's license or state identification card? Yes No

 Driver's license or ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_

**High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_ Graduation year: \_\_\_\_\_\_**

**College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_ Graduation year: \_\_\_\_\_\_**

**\*Note a poor GPA does NOT exclude you from participating!**

The Young Women's Fire Academy provides a unisex sized T-shirt and personal protective equipment for all who attend. You get to keep the T-shirt! Please fill out your sizes below.

T-shirt size (unisex): \_\_\_\_\_\_\_\_\_\_\_\_ Boot size (women’s): \_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_

***Please answer all the questions to be considered:***

How did you hear about the Young Women's Fire Academy?

What is it about the Fire/Emergency services that interest you?

What sports, hobbies, or other activities are you interested in?

Have you attended anything like this before? (This does not exclude you from participating this year)

Firefighting/Medical experience is NOT required to participate in the Academy, and we encourage applicants to apply regardless of their experience level. However, if you DO have any previous experience, please explain.

**SHORT ESSAY:**

Please describe a person in your community or the world, whom you admire. What are the qualities that made you choose this person? How do you hope to develop these qualities in yourself? 100-200 words.

Fire Academy Policies and Terms

*All candidates should review this document. If you are under 18, please have your parent or legal guardian review this page.*

**NOTE TO PARENTS**

Have the candidate complete all of the required forms, as this is similar to applying for jobs in the fire service.

**MEDICAL/MEDICATIONS**

We have trained medical personnel with the Academy at the level of Emergency Medical Technician up to Paramedic. We will not be able to administer any medication to the candidate that is not provided by the parent/legal guardian in its original container with dosage specified. Candidates will not be allowed to keep medication of any type in their possession. Our medic will administer all medications as needed and as specified on the prescription label. In cases of injury or illness that are serious enough to warrant under our operational medical director’s protocols, the candidate's status would be changed from “candidate” to “patient” and could result in a transport to a hospital emergency room. Every attempt will be made to reach the parent/guardian prior to medical assistance being provided.

**DRESS CODE**

Candidates should dress according to the weather forecast for the day. Long pants are advised since we will be doing some crawling. Although we do our best to control the temperature in the training room where classes are held, the room at times can be cold. If the candidate is cold natured please send a lightweight jacket with them. A camp T-shirt is provided on the first day. Candidates will wear the T-shirt throughout the course of the camp. Closed-toe shoes and socks are required at all times.

In order for any candidate to attend the Fire Academy, she will have to rely on herself or another adult for daily transportation.

**ACADEMY HOURS**

*Saturday and Sunday from 0800 to 1730 (8:30 a.m. To 5:30 p.m). Candidates may be dropped off at camp location after 0800 (8:00 a.m.) and must be picked up by 1730 (5:30 p.m).*

Breakfast and lunch will be provided. All candidates are encouraged to have a good night’s sleep since we will be doing a lot of physical activity.

**TERMS OF ENROLLMENT**

* Candidates will adhere to the Academy's Rules and Regulations or will be **dismissed without review**.
* Candidates should not bring any valuables to the program, including jewelry, money, tablets etc.
* **Cell phones** are not permitted during academy hands-on skills.

The Academy is **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any candidate’s possessions. Things left in the classroom are left at your own risk.

* Candidates should wear **closed-toed sneakers** every day (no sandals).
* Candidates should wear **athletic clothes** (appropriate for the weather).
* **Shorts** are discouraged because the boots can rub your shins raw.
	+ - * + Candidate should bring **appropriate clothing to get wet in and bring a towel for the end of every day**.

Fire Academy Rules

1. Candidate pledges to attend both days of the Academy, and be open to instruction, learning new things, and participating in all activities.
2. No one under the age of 18 may leave camp without permission. If you leave, written permission is required. If a candidate leaves, they will not be able to return.
3. No alcohol, firecrackers, weapons, tobacco or drugs are permitted in camp. Check medications with health personnel. Violators will be sent home.
4. All candidates will be at their assigned location at all times.
5. Candidates who bring a car to camp must leave it parked during the Academy.
6. Candidates are not permitted in others’ belongings.
7. Candidates may be charged for the cost of any physical facility and/or resource damage for which they are responsible.
8. Candidates are not permitted to have cell phones on them during the Academy. A phone is available for necessary calls. Photographers will be on site.
9. Candidates shall follow all health and safety regulations.
10. The Young Women's Fire Academy is not responsible for loss, theft, or damage of personal items brought to camp. **Please leave valuable items at home.**
11. Programs and activities offered by the Academy are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status.

*Signing this form certifies that you've read and accept the rules:*

Candidate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

Candidate signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the candidate is under 18, have your parent or legal guardian sign below:*

Parent/legal guardian's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Parent/legal guardian's signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you presently 18 or older?**

**Yes -** Please read the disclaimer and sign below.

**No –** Please read the disclaimer and sign below, and also have your parent/legal guardian sign as well.

**Disclaimer:**

*By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my acceptance to the Linn County Young Women's Fire Academy be terminated. In addition, I authorize my/my child's school references to release information as necessary to verify statements of educational achievement.*

*Further, the Linn County Young Women's Academy is a drug-free program. If the candidate is suspected to be under the influence of alcohol or other mind-altering substances, the candidate and candidate's parent or legal guardian, agree to submit to a drug/alcohol test. Linn County Young Women's Academy reserves the right to deny participation of candidates who are physically or psychologically able to complete tasks in a safe manner.*

**Candidate's name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The candidate is under 18, and by signing you agree to the disclaimer statement shown above and grant permission to the applicant to apply for the Young Women's Fire Academy. You are also agreeing that all information provided by the candidate is true and complete.

**Parent/legal guardian's name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Authorization and Release Statements

*Complete only if the candidate is 18 or older*

**EMERGENCY MEDICAL AUTHORIZATION**:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, furthermore give permission to the Linn County Young Women's Fire Academy (which will be called “the Academy” in this document) and its employees and volunteers to obtain emergency medical treatment for me in accordance to the Academy's policies.

I understand that all reasonable effort will be made to contact my emergency contacts prior to seeking medical care for me. If my emergency contacts cannot be reached, the Academy will exercise reasonable judgment in seeking medical treatment for me.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of candidate

**ADULT RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE LINN COUNTY YOUNG WOMEN'S FIRE ACADEMY**

I understand that there are certain risks involved with participating in the activity identified by the Academy. On behalf of myself identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the Academy, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to myself as a result of me participating in the Academy’s activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the Academy, its officers, agents, volunteers, assistants or employees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of candidate

 **PHOTOGRAPH RELEASE**

To more effectively promote programs and activities sponsored by the Academy, the Academy seeks the permission of program and activity participants to photograph the participants and their child/children/ward(s) participating in county programs and activities.

Please complete the following section:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,permit the Academy to take and use photographs of me for the purpose of promoting the Academy's programs and activities. This includes permission to publish photographs of me for such purpose. I understand that such photographs of me will remain the property of the Academy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of candidate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of candidate

Minor Authorization and Release Statements

*Complete only if the candidate is under 18*

**EMERGENCY MEDICAL AUTHORIZATION**:

As parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I furthermore give permission

to the Linn County Young Women's Fire Academy (which will be called “the Academy” in this document) and its employees and volunteers to obtain emergency medical treatment for my child or the child over whom I have legal custody, of whom is listed above.

I understand that all reasonable efforts will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, the Academy will exercise reasonable judgment in seeking medical treatment for my child.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/legal guardian

**MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE LINN COUNTY YOUNG WOMEN'S FIRE ACADEMY**

I understand that there are certain risks involved with participating in the activity identified by the Academy. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the Academy, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child’s participating in the Academy’s activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the Academy, its officers, agents, volunteers, assistants or employees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/legal guardian

 **PHOTOGRAPH RELEASE**

To more effectively promote programs and activities sponsored by the Academy, the Academy seeks the permission of program and activity participants to photograph the participants and their child/children/ward(s) participating in county programs and activities.

Please complete the following section:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

permit the Academy to take and use photographs of me and/or my child for the purpose of promoting the Academy's programs and activities. This includes permission to publish photographs of me and/or my child for such purpose. I understand that such photographs of me and/or my child remain the property of the Academy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/legal guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of parent/legal guardian Printed name of minor child

Health History and Emergency Contact Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age at event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact #1:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact #2:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance information:** Are you covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance carrier address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:** List all known. Describe reaction and management of the reaction.

|  |  |  |
| --- | --- | --- |
| Medication allergies (list) | Dietary restrictions (list) | Other allergies (list) include insect stings, hay fever, asthma, animal dander, etc. |
|  |  |  |
|  |  |  |
|  |  |  |

**I do not eat** (circle all that apply)**:** Red Meat Pork Dairy Products Gluten Other

If other please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important – This section must be completed by the participant to attend.**

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the Young Women's Fire Academy (“the Academy”), officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, my emergency contact will be notified. If it is impossible to contact one of my emergency contacts, I hereby give permission for emergency treatment or surgery as the attending physician recommends. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all of the Academy's activities except as noted. I hereby give permission to the Academy to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Academy to arrange necessary related transportation for myself. In the event that one of my emergency contacts cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for myself. This completed form may be photocopied for trips off premises.

Candidate's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/legal guardian's signature (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications Being Taken:**

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

* I **take NO** medications on a routine basis.
* I **take medications** as follows:

Med #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage Specific times taken each day \_\_\_\_\_\_\_\_ Reason for taking \_\_\_\_\_\_\_\_\_\_\_

Med #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage Specific times taken each day \_\_\_\_\_\_\_\_ Reason for taking \_\_\_\_\_\_\_\_\_\_\_

* Attach additional pages for more medications.
* Identify any medications taken during the school that participant does/may not take during the summer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General Questions**: (Explain “yes” answers below.) Has/does the participant | Yes | No |  | Yes | No |
| 1. Had any recent injury, illness or infectious disease? |  |  | 14. Ever had high blood pressure? |  |  |
| 2. Have a chronic or recurring illness/condition? |  |  | 15. Ever been diagnosed with a heart murmur? |  |  |
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| 3. Ever been hospitalized? |
| 4. Ever had surgery? |

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| 16. Ever had back problems? |
| 17. Ever had problems with joints (e.g. knees, ankles)? |

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| 5. Have frequent headaches? |  |  | 18. Have an orthodontic appliance being brought to the event? |  |  |
| 6. Ever had a head injury? |  |  | 19. Have any skin problems (e.g. itching, rash, acne)? |  |  |
| 7. Ever been knocked unconscious? |  |  | 20. Have diabetes? |  |  |
| 8. Wear glasses, contacts, or protective eyewear? |  |  | 21. Have asthma? |  |  |
| 9. Ever had frequent ear infections? |  |  | 22. Had mononucleosis in the past 12 months? |  |  |
| 10. Ever passes out during or after exercise? |  |  | 23. Had problems with diarrhea/constipation? |  |  |
| 11. Ever been dizzy during or after exercise? |  |  | 24. If female, have an abnormal menstrual history? |  |  |
| 12. Ever had seizures? |  |  | 25. Ever had an eating disorder? |  |  |
| 13. Ever had chest pain during or after exercise? |  |  | 26. Ever had emotional difficulties for which professional help was sought? |  |  |

Please explain any “yes” answers, noting the number of the questions.

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Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the Academy should know.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of family physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_