



Homeland Security
and Emergency Services

Fire Prevention
and Control

Fire Service Explorer Weekend

July 27th - 29th

2018

Academy of
Fire Science

Montour Falls, NY



For additional information,
contact Nathan Paquin:
Nathan.Paquin@dhses.ny.gov



Co-Sponsored By

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Explorer Weekend at the Academy of Fire Science

Important Information • Please Read

Dear Advisor/Parent:

Plans are well underway for this year's edition of the Explorer Weekend. The weekend consists of up to 15 hours of training beginning on Friday evening with an orientation and activity, a full day of exercises on Saturday, and a half day of activity prior to dismissal on Sunday. We frequently make changes to the curriculum in hopes that we continually challenge the students. We are also hoping to offer training opportunities for advisors as well.

Please review the details below to assure a safe, successful, and enjoyable weekend.

1. The attached forms (EOSB-700, EOSB-701, EOSB-702, EOSB-703) must be completed for each Explorer attending the Explorer Weekend at the Academy of Fire Science. It is important that the permission slip and medical forms be mailed to us two weeks ahead of the weekend. If we do not have an Explorer's paperwork by the Friday evening, they will not be allowed to participate.

Send everything together to...

**NYS DHSES Office of Fire Prevention and Control
1220 Washington Avenue, Building 7A, Floor 2
Albany, NY 12226**

2. Only Explorers may participate in the weekend. Other types of youth programs are not allowed.
3. Explorers should bring a full set of turnout gear. In addition, first and second year Explorers will utilize SCBA (SCBA not needed for third and fourth year Explorers). We do not expect a unit for each student. We will schedule Posts SCBA sessions so that they can share units. If SCBA units are a problem for your Post, please contact us prior to the weekend.
4. **NON-EXPLORERS OR NON-ADVISORS ARE NOT ALLOWED TO ATTEND THE WEEKEND.** This includes, for example, significant others and under aged children of advisors.
5. Advisors are to remain with their Post during all activities.
6. Primary advisors for Posts must be 21 or older. There should be one advisor for every five Explorers. If you have female Explorers, you **MUST** have a female advisor **OR** make arrangements **IN ADVANCE** for another Post's female advisor to assist you.
7. Second and third year Explorers should have long pants available to them to be worn for some evolutions. We do suggest that if available, they bring knee pads to wear under their turnout gear.

If you have any questions or concerns relating to this form or deadlines, please contact Nathan Paquin at the New York State Office of Fire Prevention and Control (518) 474-6746.



Explorer Weekend at the Academy of Fire Science

Medical Clearance Information

Dear Physician,

The Explorer who has presented this form to you is requesting a medical evaluation to determine their ability to participate in the Fire Explorer Weekend, hosted by the New York State Office of Fire Prevention & Control. The weekend consists of up to 15-hours of training in emergency medical and firefighting skills.

The participants are expected to be in good physical condition. During the training, the Explorer may participate in the following activities :

- Climbing ladders to a height of ten feet
- Assisting a conscious person down a ladder
- Pulling fire hose
- Carrying fire equipment with weights up to fifty pounds
- Using hand tools to remove roofs, glass and doors of vehicles
- Wearing full firefighter gear including self contained breathing apparatus
- Passing through window simulators and dropping approximately two feet onto a mattress
- Breaching simulated walls with hand tools and passing their bodies (in firefighter gear) through breach
- Building searches using firefighter gear and breathing apparatus.
- Low angle rescue utilizing rope systems (involves equipment lifting and carrying)
- Rappelling from a height of twenty five feet.

The self contained breathing apparatus (SCBA) exercises may be very strenuous and tiring. Participants will wear the SCBA mask and breathe tank air. Students with respiratory issues need to use good judgment before attempting these exercises.

Please complete the EOSB-701 form and return to the Explorer. If you have any questions, please feel free to contact Fire Protection Specialist Nathan Paquin, (518) 474-6746.

Thank you for your assistance in training the future emergency medical technicians and firefighters of New York State.



Explorer Weekend at the Academy of Fire Science

Medical Clearance Form

A Medical Clearance Form for each Explorer attending must be completed and submitted at the time of registration. Any Explorer that does not submit a medical form WILL NOT be allowed to participate in training activities.

THIS PORTION OF THE FORM TO BE COMPLETED BY THE PHYSICIAN

PRINT/TYPE ALL INFORMATION

Physician Name _____

Phone number _____

_____ No restriction of activities.

_____ Limited activities.

_____ No activity allowed

Please explain any limitations for activities or other comments _____

I certify that I have examined the above listed individual and approve of his/her participation in strenuous physical activities unless noted above.

Physician Signature

Date



Explorer Weekend at the Academy of Fire Science

Medical History Form

THIS FORM TO BE COMPLETED BY THE EXPLORER'S PARENT OR GUARDIAN

PRINT/TYPE ALL INFORMATION

Explorer Post _____ Fire Department _____

Participant's Name _____

Age _____ D.O.B. ____/____/____

Address _____

Phone number _____

Check all items that apply, past or present, to your health history. Please explain any yes answers as well as whether it is a current condition or not.

Allergies: food, medication (prescription or over the counter), insects, plants, other

___ Yes ___ No Explain: _____

Injuries: that may effect participation (knee, back, broken bones, other)

___ Yes ___ No Explain: _____

Date of Last Tetanus: _____

Necessary Medications currently taken/frequency: _____

ENSURE THAT THE POST ADVISORS ARE AWARE OF ANY MEDICATION NEEDS AND HAVE ACCESS TO MEDICATION IF NEEDED.

*** PLEASE NOTE THAT IF THE INDIVIDUAL DOES NOT BRING THEIR MEDICALLY NECESSARY MEDICATION, THEY WILL NOT BE ALLOWED TO PARTICIPATE IN THE PROGRAM ***



Explorer Weekend at the Academy of Fire Science

Permission Slip/Emergency Contacts

THIS FORM TO BE COMPLETED BY THE EXPLORER'S PARENT OR GUARDIAN

PRINT/TYPE ALL INFORMATION

I understand my son/daughter may participate in the following training exercises and that some of these topics may include strenuous physical activity.

BASIC LEVEL (designed for Explorers attending for the first time)

- Use of fire extinguishers with controlled live fire
- Emergency Medical Service training
- Carrying, raising, and climbing ground ladders to a height not to exceed 35 feet
- Proper use of protective turn out gear, dry fire hose drags and carrying equipment
- Basic Self Contained Breathing Apparatus (SCBA) Skills

INTERMEDIATE LEVEL (designed for Explorers attending for the second year)

- Vehicle extrication with use of hand tools
- Basic HazMat First Response Skills

NOTE: The SCBA portion of the training is very strenuous and tiring. Students will wear the SCBA mask AND breathe tank air. Students with respiratory issues need to exercise good judgment before attempting these exercises. It is recommended that you discuss any concerns with your Post advisor and family physician before allowing your son/daughter to participate. If they do have a respiratory problem or are claustrophobic, and are going to participate, please attached explantion.

ADVANCED LEVEL (designed for Explorers attending for the third and fourth year)

- Rope Rappelling (use of ropes and rigging)
- Tactical Fireground Simulation

Explorer Post _____ Fire Department _____

I _____ am the parent/legal guardian of _____

I give my permission as follows:

My son/daughter has my permission to participate in the aforesaid training **without any restrictions or limitations.**

My son/daughter has my permission to participate in the aforesaid training **with the following restrictions and/or limitations** (PLEASE EXPLAIN).

My son/daughter **does not** have my permission to participate in the aforesaid training. They may watch activities, but may not actively participate. (PLEASE EXPLAIN).

In the case of an emergency, every effort will be made to contact me. If I cannot be reached, you may contact the alternate persons listed below.

In the event I cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the adult leader in charge of my Post to secure proper emergency treatment, including hospitalization, anesthesia, surgery or injections of medications for my child.

Signature

Date

Relationship to Explorer

Emergency Contacts

Parent/Guardian Name: _____ Phone _____ Relationship _____

Alternate Name: _____ Phone _____ Relationship _____



Explorer Weekend at the Academy of Fire Science

DATE:

PLEASE PRINT OR TYPE

Registration form with fields for Name, FDID, County, Advisor Name, Explorer Post #, Home Address, Sponsoring Organization, City, State, ZIP, Street, PO Box, Email, Explorer Home Phone, and Advisor Daytime Phone.

HAVE YOU ATTENDED the New York State Fire Service Explorer Weekend in the Past? YES NO

CHECK ALL THAT APPLY 1st Year 2nd Year 3rd Year 4th Year

Table with three columns: FEES: COURSE REGISTRATION, ACADEMY ACCOMMODATIONS, and T-SHIRT. Includes registration fee information, meal and lodging details, and T-shirt size options.

T-SHIRTS WILL ONCE AGAIN BE PROVIDED TO EACH PARTICIPANT AT NO COST - COURTESY OF F.A.S.N.Y

PAYMENT METHOD:

Checks and money orders must be made payable to "Academy of Fire Science"

Payment options: Check, Money Order, PO/Voucher, Master Card, Visa. Includes fields for Total Charge, Card #, Expiration Date, and Signature.

Send everything together to...

NYS DHSES Office of Fire Prevention and Control
1220 Washington Avenue, Building 7A, Floor 2
Albany, NY 12226

And, remember to enclose...

- The appropriate fee and
This completed registration form
Medical Release and Permission Slips

Make additional copies of this form, as needed