



**NYS Academy of Fire Science
Fire Explorer Weekend**

Important Information • Please Read

Dear Advisor/Parent:

Plans are well underway for this year's edition of the Exploring Weekends. We are making some changes to the curriculum in hopes that we challenge the students even more. We are also hoping to offer training opportunities for Advisors as well. Stay tuned for more information.

In the past there have been some issues and/or questions concerning the program, so we would like to cover a few items prior to the weekends.

1. The attached forms must be completed for each Explorer attending the Explorer weekend at the Fire Academy. It is important that the permission slips and medical forms be mailed to us two weeks ahead of the weekend. This allows us to catch any issues before you try to register. If we do not have an explorer's paperwork by Friday evening, they will not be allowed to participate.
2. Only Explorers and Venture Crews may participate in the weekends. Other type youth programs are not allowed.
3. Explorers should bring a full set of turnout gear. In addition, all groups will utilize SCBA. You will be responsible for providing units as well as a spare bottle. We do not expect a unit for each student. We will schedule posts 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 WEEKENDS.** This includes under age children of advisors.
5. It is expected that Advisors will remain with their Post during all activities.
6. Primary Advisors for Posts must be 21 or older. If at all possible, there should be 1 advisor for every 5 explorers. If you have female explorer you **MUST** have a female advisor **OR** make arrangements **IN ADVANCE** for another post's female advisor to assist you.
7. We highly discourage 2nd and 3rd year explorers from wearing shorts during training. 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 Joshua Brott at the New York State Office of Fire Prevention and Control (518) 380-0603 or David Martinichio (607) 535- 7136, ext.606.



**Homeland Security
and Emergency Services**

**Fire Prevention
and Control**

**Academy of
Fire Science**

Fire Explorer Weekend

Medical Clearance Information Form

Dear Physician,

The person 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 twelve 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 stations.

Please complete the form on the next page and return to the person. If you have any questions, please feel free to contact Fire Protection Specialist Joshua Brott, (518) 380-0603 or Deputy Chief David Martinichio at (607)535-7136 Ext. 606.

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



Fire Explorer Weekend
Medical Clearance Form

A 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 other comments _____

Multiple horizontal lines for text entry.

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 _____



Fire Explorer Weekend

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: _____

General Information: check any that may apply

- ADHD, Convulsions/Seizures, Hemophilia, Asthma, Diabetes, High blood pressure, Cancer, Cardiac, Kidney disease, PDD, Other

Explain any check marks: _____

Date of Last Tetanus: _____

Medications currently taken/frequency: _____



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Fire Explorer Weekend

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 topics 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 Skills

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

Vehicle extrication with use of hand tools

Self Contained Breathing Apparatus (SCBA)

Basic room search and rescue technique

SCBA confidence exercises

Firefighter survival techniques

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 explain below.

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

Basic rescue operations (use of ropes and rigging)

Rope Rappelling

Engine Company Operations (pulling hoses up stairways, into hallways and spraying water)

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 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 treatment, including hospitalization, anesthesia, surgery or injections of medications for my child.

Signature

Date

Relationship to Explorer

Emergency Contacts

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____