

Dear Parent or Guardian,

FIRE CAMP is a ½ day local camp that runs Monday through Friday. The camp is dedicated to exposing school age kids to what it is like to be a firefighter with the Suffolk Department of Fire and Rescue. Fire Camp is a great opportunity for firefighters to help kids build a sense of teamwork and responsibility. We accept applications from children that are 6, 7, 8 and 9 years of age **by the date of your selected camp.**

Our Fire Camp is designed to be fun, challenging, entertaining, and educational; all at the same time. We want the children to learn safety lessons about things around their homes and schools that they encounter everyday. They will have short periods of lectures and lessons to endure each day followed by opportunities to actively participate in exercises designed to reinforce what they have been taught.

Their lessons and activities will center on the day and life of a fire fighter and fire and life safety issues but will branch out to learn basic first aid, water safety, bike safety, search and rescue and many other interesting topics. They will be divided into teams of 5 kids, which will operate as a “fire company” for all of their activities. Each child will get the opportunity to be the “company officer” for the day. Leadership principles will be taught to each child directly and indirectly.

Your child’s registration fee will include various school supplies to include crayons, pencils, pencil bag, ruler and a back pack that may or may not be of suitable size for school and lunch Monday through Thursday.

MEDICAL/MEDICATIONS We have trained medical personnel for our Department at the level of Emergency Medical Technician – Basic up to Paramedic. We will not be able to administer any medication to your child that is not provided by the parent except in cases of injury or illness that are serious enough to warrant under our operational medical director’s protocols. In such cases, your child’s status would be changed from “camper” to “patient” and could result in a transport to a hospital emergency room. Every attempt will be made to reach parent/Guardian prior to medical assistance being provided. Children will not be allowed to keep medication of any type in their possession. Our medic will administer all medications as needed and as is specified on the prescription label.

DRESS CODE You should dress your child according to the weather forecast for the day. Shorts are acceptable. 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 your child is cold natured please send a light weight jacket with them.** A camp T Shirt is provided on the first day. Many children will wear the T Shirt on Monday for pictures then again at the closing ceremony on Friday. **CLOSED TOE SHOES AND SOCKS WILL BE REQUIRED AT ALL TIMES.**

FUN WORK Tuesday is Fire Prevention Day. Your child will receive information on how to draw an escape plan for your home. Our campers have two days to do the assignment and practice it, returning the assignment on Thursday morning with a parent’s or guardian’s signature indicating that the drill was practiced.

In order for any child to attend camp he or she will have to rely on you or another adult for daily transportation. Therefore, there is some time involved on your part. The hours for camp are as follows:

MONDAY– THURSDAY from 8:30 A.M. to 12:30P.M.

FRIDAY 8:30 – 12:00

Camp Graduation will be held on Friday of the respective camp week. Graduation is at 12:00 with a small reception to follow. **Doors open for graduation ceremony seating at 11:45 a.m.**

LUNCH IS NOT SERVED ON FRIDAY.

Campers may be dropped off at camp locations after 7:30am and **must** be picked up by 1:00pm

On behalf of the Suffolk Department of Fire & Rescue, we thank you for your interest in the Fire & Life Safety Camp and hope that your child will have a fun and positive learning experience.

HAVE A FIRE SAFE DAY!

SUFFOLK FIRE & RESCUE



FIRE CAMP

Are you interested in learning about firefighting?
Are you 6, 7, 8 or 9 years of age?
Are you willing to experience new and exciting
things while learning at the same time?

If you answered YES to these questions come join Suffolk Fire & Rescue for a week of **FIRE CAMP!**

- **FIRE CAMP** is 5 days of experiencing and learning all about the job of a firefighter.
- **FIRE CAMP** is firefighting, bike safety, water safety, search & rescue practices, first aid, and much more.
- **FIRE CAMP** is fun, exciting, engaging, and interesting.
- **FIRE CAMP** is offered in Four sessions throughout the city:
 - **Session 1 June 23 – 27 @ Station #3 located at 1001 White Marsh Road**
 - **Session 2 July 14 - 18 @ Station #5 located at 3901 Bridge Road**
 - **Session 3 August 4 - 8 @ Station #6 located at 300 Kings Fork Road**
 - **Session 4 August 18 - 22 @ Station #6 located at 300 Kings Fork Road**
- **HOURS: MONDAY – FRIDAY 8:30 AM – 12:30 PM.**
Campers can be dropped off at camp locations after 7:30 AM and must be picked up by 1:00 PM.

To Apply:

*Camp Registration Fee is \$65.00

*Complete the application/permission slips below by:

* Mail to or drop off the application & Fee:

May 30, 2014

Suffolk Fire & Rescue

ATTN: FIRE CAMP

300 Kings Fork Road

Suffolk, VA 23434

Att. Pam King

*Checks are made out to: Jeff T Messinger Memorial Fund

CAMP APPLICATION – application deadline MAY 30, 2014

Program Name: **Suffolk Fire & Life Safety Camp** Session to attend # _____

Participants Name: _____ Birthday _____ AGE: _____ SEX: _____

T- Shirt size _____ (youth sizes S – XL), unless otherwise requested at the time of application)

Circumference of head _____ (measure the child's head at the cap line – where a ball cap would rest)

Address _____ City _____ Zip _____

Home Phone _____ School _____ Grade _____

Email address: _____

Mothers Name _____ Work # _____ Cell # _____

Fathers Name _____ Work # _____ Cell# _____

In case of any emergency, and we cannot contact you, please list two people other than yourself that we may contact.

Name: _____ Phone/Cell: _____

Name: _____ Phone/Cell: _____

The local hospitals require the following information to treat your child in case of emergency:

Insurance Co. _____ Policy# _____

Name of Insured : _____

Name of personal physician _____ Phone _____

Any Allergies (including food allergies)? If yes, please list _____

Any recent illnesses? Please explain _____

Current Medications & dosage amount? _____

List two (2) individuals that have permission to pick up your child if different than your emergency contact

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Children are not allowed to leave the care of instructors without proper notification

NOTE: If your child is to be picked up by a person other than anyone listed above, we MUST have signed written instructions from the parent/guardian.

YOUR CHILD IS NOT CONFIRMED FOR THE CAMP UNTIL THE APPLICATION AND PAYMENT IS RECEIVED. PLEASE NOTE THAT SPACE IS LIMITED FOR THE CAMPS AND CAMPS WILL BE FILLED ON A FIRST COME, FIRST SERVED BASIS. AN EMAIL WILL BE SENT FOR CONFIRMATION OF THE CAMP.

This constitutes our application and consent that the above named minor participates in the recreation programs sponsored by the Suffolk Department of Fire & Rescue. We understand and acknowledge that recreational programs may involve risk of injury to participants, including injury from bodily contact with other participants and/or other risks inherent in the activity, and that the City has no medical insurance or coverage for injuries resulting from such recreational activity. The undersigned further agrees that the City will not be held responsible for any such accidental injuries, not involving the fault or negligence of the City.

If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duly licensed physician as the physician deem advisable, and the undersigned will be responsible for any such medical care or treatment rendered.

DATE: _____

(PARENT/GUARDIAN)

Media/Photo Release Authorization

As a parent of a child enrolled in the Suffolk Fire & Life Safety Camp, I understand and agree to the following conditions:

1. Members of various news media outlets may be on site at our camp from time to time for the purpose of recording and reporting to the general public on the success of our program. This may include newspaper, radio, and television.
2. The Department will be taking photographs during the week, which may be used on our official Department Website or other promotional outlets.
3. Participants under the age of 18 will only be identified to the media and general public by their first names unless direct contact has been made with the parent at the time of the event.
4. The City of Suffolk has a communication/media office. One of the employees may attend the camp or portions of the camp to record camp activities on professional grade television recording equipment for the purpose of creating promotional videos for future events, creating souvenir tapes, run segments on the Suffolk cable channel and to create training videos to use in other aspects of our Public Education mission.

Parent's Signature _____ Date _____



City of Suffolk Sheriff's Office

Please Print Clearly. *We do not keep any data.*
The parent is the only one with the record when completed.

• Childs First Name	
• Middle Name	
• Last Name	
• Nick Name	
• Parent / Guardian Name	
• Gender	
• Height	
• Weight	
• Eye Color	
• Hair Color	
• Glasses	
• Race	
• Date of Birth	
• Distinguishing Marks	
• Other Health Considerations	
• Primary Phone Number	
• Address	
• Zip	
• City	
• State	

5 video Interview Questions

- What is your Name? _____
- What is your best friends name? _____
- How do you get home from school? _____
- Where is your favorite place to play? _____
- Where do you like to go when you are upset? _____

The CD you receive can be viewed on any computer containing a CD drive. In the event your child is missing give the completed CD to the responding police agency. Keep the CD in your sock drawer. When your child goes anyplace take or send the CD with you. You can email the PDF form to the location your child may be staying.

Print Name of Child: _____ Age: _____

Print name of parent or guardian _____
I'm the Parent or Guardian of this child and give my full permission for him / her to participate in the Child Identification Program. I understand that I will be given the sole copy of all identification material, which I will own, and which will remain, under my control.

Date: ___/___/___ Signature of parent or guardian: _____