Exploring

A Program for Career Education

FIRE AND EMERGENCY SERVICES PROGRAM GUIDE

WHAT IS FIRE AND EMERGENCY SERVICES EXPLORING?

Exploring is the young adult career education program of Learning for Life for both young men and women who are 14 and graduates of the eighth grade or 15 through 20 years of age. Fire and Emergency Services Exploring is a youth development program centered around Fire and Emergency Services careers. Fire and Emergency Services Explorers might choose to visit fire schools, fire trade shows, musters, fire competitions, community presentation programs, first aid skills competition, and/or community disaster programs. The bottom line is that Fire and Emergency Services Exploring is action-oriented.

ORGANIZING AN EXPLORER POST

Each year Learning for Life requests the support of participating organizations such as business, industrial, military, professional, service, and other community organizations for operating Explorer posts.

Participating organizations provide the program assistance for Explorer post meetings, activities, and trips through caring adult leaders.

Key staff members of a fire and emergency services organization meet with a Learning for Life representative to discuss starting a Fire and Emergency Services Explorer post. The participating organization agrees to recruit adult volunteer leaders, develop a list of fire and emergency services program ideas, and provide meeting facilities. Learning for Life provides *New Posts Start-Up Orientation (Advisor Fast Start),* other literature, liability insurance, activity planning, and ongoing volunteer and staff service.

PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate.This form is filled out by all participants and is on file for easy reference.

Class 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school.Medical care is readily available.

Note: Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation **(physical examination)** within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a *licensed health-care practitioner.This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-97).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name_____ Date of birth_____ Age_____ Sex_____

Name of parent or guardian_____ Telephone_____

Home address_____ City_____ State_____ Zip_____

Business address_____ City_____ State_____ Zip_____

If person named above is not available in the event of an emergency, notify

Name_____ Relationship_____ Telephone_____

Name_____ Relationship_____ Telephone_____

Name of personal physician_____ Telephone_____

Personal health/accident insurance carrier_____ Policy No._____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date_____ Signature of parent/guardian or adult_____

Some hospitals require the parent/guardian signature to be notarized.Check with your BSA local council.

NAME_____ TROOP_____ CAMPSITE_____

Check all items that apply, **past or present,** to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit Hyperactivity Disorder	☐	☐	Convulsions/seizures	☐	☐	Hemophilia	☐	☐
Asthma	☐	☐	Diabetes	☐	☐	High blood pressure	☐	☐
Cancer/leukemia	☐	☐	Heart trouble	☐	☐	Kidney disease	☐	☐

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

_____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____/_____ Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	☐	☐	Teeth	☐	☐	Genitalia	☐	☐
Skin	☐	☐	Cardiopulmonary system	☐	☐	Musculoskeletal	☐	☐
HEENT	☐	☐	Hernia	☐	☐	Neurobehavioral	☐	☐

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____

Licensed health-care practitioner*

Address _____ Phone _____

City, State, Zip _____

***Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.**

INTERVAL RECORD	SCREENING EXAMINATION	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By

#34414A

730176344140

* PHOTOCOPING THIS FORM IS PERMITTED.

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1999 Printing

NAME _____ TROOP _____ CAMPSITE _____

Consent Form
Approval by Parents or Guardians

(For youth participants and guests under 21 years of age, participating in a Learning for Life activity)

First name and middle initial of participant/guest _____ Last name _____

Address _____ Birth date (month/day/year) _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

(_____) _____ (_____) _____

Area code and telephone No. (parent's business) Area code and telephone No. (home)

APPROVAL

(If two parents/guardians, both need to sign.)

FOR _____ **ON** _____

Name of activity, orientation flight, outing, trip, etc. Date(s)

PARENTS/GUARDIANS. Please read all of the statements on both pages before giving your approval for participation in the activity listed above. I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify to its correctness. Further, I agree that this participant or guest can meet the health and physical fitness requirements of the trip or activity.

Father/guardian signature _____ **Date** _____

Mother/guardian signature _____ **Date** _____

Medical Release. In the event of illness or injury occurring to my son or daughter while involved in the LFL trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company _____ Policy No. _____

Physician _____ Telephone No. (_____) _____