



THE OHIO STATE FIREFIGHTERS' ASSOCIATION  
YOUTH PROGRAMS COMMITTEE

c/o P.O. Box 105  
Lore City, Ohio 43755



## 2017 OYFETA REGISTRATION INSTRUCTIONS

On behalf of the entire Academy staff, thank you for your interest in the 2017 Ohio Youth Fire & EMS Training Academy (OYFETA). OYFETA will be held July 16-22, 2017. In order to properly process the applications of participants of the Academy, we need your cooperation in completing all paperwork as described below:

- \* Completely fill out the Registration Form and obtain a signature from your department's Chief or your Youth's Programs Advisor
- \* See your physician and have him / her complete the Medical Evaluation Form.
- \* Have your parents / guardian complete the OYFETA Release of Liability and Emergency Medical Information and Contact forms as well as the Hocking College "Release and Waiver of Liability and Indemnity Agreement."
- \* Students 14-18 years old may apply.
- \* Payments should be made out to: **Ohio State Firefighters Association**.
- \* Mail all of this information, along with your Academy Registration fee payment to:

Ohio Youth Fire & EMS Training Academy  
c/o P.O. Box 105  
Lore City, Ohio 43755

### Deadlines:

- \* Registration opens February 15. Ohio youth will have priority registration between Feb. 15 and May 1 2017. All participants (in-state and out of state) may continue to send registrations through June 17th.
- \* No registrations will be accepted after June 17, 2017.

Registrations for the non-certification programs received **after June 17, 2017**, will be charged an extra **\$20.00** to cover expenses associated with rush delivery of shirts and other supplies.

**Registration is limited to the first 125 participants** whose completed applications are received by the deadline. We urge you to return your application as soon as possible to ensure you are selected to participate in the Ohio Youth Fire & EMS Training Academy. A waiting list will be established in the order that registration materials are received. Upon acceptance into the 2017 OYFETA program you will receive a confirmation letter which may contain additional instructions depending on the program you wish to take. In addition, your first name and department will be published to our Ohio Youth Fire & EMS Facebook page. Again, thank you for your interest in the Ohio Youth Fire & EMS Training Academy. We hope to see you soon!

Sincerely,

*Vicki Miller*

Finance Section Chief

[vmiller@cebridge.net](mailto:vmiller@cebridge.net)



# OHIO STATE FIREFIGHTERS' ASSOCIATION YOUTH PROGRAMS COMMITTEE

c/o P.O. Box 105  
Lore City, Ohio 43755



Dear Participant,

Thank you for your interest in the 2017 Ohio Youth Fire & EMS Training Academy (OYFETA). This year's OYFETA will be held July 16-22, 2017. If you have any questions, please feel free to contact Vicki Miller as indicated below. The 2017 OYFETA will use the following tuition schedule:

Ohio Fire Department that <u>is a member</u> of OSFA: .....	\$525.00
Ohio Fire Department which <u>is not a member</u> of OSFA: .....	\$575.00
Out of state participant: .....	\$575.00

**WE WILL NOT BE OFFERING THE 36 HOUR CLASS THIS YEAR**

**ALL FEES WILL BE DUE BY JUNE 17, 2017**

**OYFETA will be limited to the first 125 participants to register.** See the registration instructions for important deadlines.

Your registration will be acknowledged indicating if you have been accepted to the 2017 OYFETA program with a confirmation letter. The 2017 OYFETA program will have a page on our website where parents, advisors and others will be able to check in and see the days' activities. An on-campus emergency phone number and message center will be posted on this website in case parents should need to contact their child or the OYFETA staff during the academy.

In order to ensure that OYFETA participants respect the privilege of using the Hocking College dormitory facilities, **a \$20 cash refundable deposit will be due at check in.** Following a passing inspection of the assigned dorm room at the end of the week, this \$20 will be returned to the participant.

If you would like to have us send a press release to your local news media, please provide the name and address of the newspaper, TV stations, etc., on the back of your registration form. If you have any special dietary restrictions, please note those on the back of your registration form also.

The OYFETA staff is very excited about this program and wanted to provide you with some information about what you need to bring with you to the Academy:

\* **Clothing for the week** – This includes appropriate sleeping attire and your uniform from your fire department's youth program. You will be issued one OYFETA T-shirt upon checking in and additional t-shirts can be purchased on your registration form. Fire department or EMS related t-shirts are preferred. If your youth program has a uniform, please bring it with you so you can wear it during the graduation ceremony. If your department does not have a uniform, the OYFETA staff would appreciate it if you bring dark navy pants and black dress shoes for graduation.

**For safety reasons, no shorts will be permitted to be worn during classroom or practical sessions!**

\* **Full turn-out gear** – including hood, gloves, pants, helmet and coat. You will need a turnout gear bag to store your equipment in. Be sure your turn-out gear and SCBA is clearly labeled with your name and department.

\* **A functioning SCBA** – plus one extra SCBA cylinder. Be sure these items are clearly marked with your department's name. This equipment must be clearly labeled with your department's name.

- \* **School Supplies** – you will need a one-inch three-ring binder, note paper and writing utensil(s).
- \* **Two reusable water bottles with your name on them.**
- \* **Shower stuff** – shampoo, soap, toothbrush, toothpaste, deodorant, comb, etc.
- \* **Towels** – probably should have two.
- \* **Swimsuit** – a portion of the 2017 OYFETA program may involve practical sessions related to water rescue. Participants need to have an appropriate swim suit for these evolutions. (shorts for men, one-piece suit for women)

\* **Cell phones** – If you choose to bring a cell phone you will be permitted to use it only during breaks and evening hours.

\* **Bedding** – sheets and blankets or a sleeping bag, it's your choice!

\* **Money** – we recommend that you bring a small amount of money with you to the OYFETA. Remember that your meals will be included as part of your registration fee so you will not need large amounts of money during the week. There will be no access to grocery stores while at OYFETA. However, the dorms do have a small refrigerator and microwave for use by OYFETA participants. Small snacks and beverages may be brought with you.

**Participants are required to bring a water bottle for use on the drill grounds.**

\* **OYFETA Photos / Graduation Program** – Each year the staff of OYFETA take hundreds of photos of the participants and their fellow staff members. These photos are used to create the end of the week graduation program and are published to the Youth Committee's Ohio Youth Fire & EMS Facebook page.

\* **Vehicles** – Participants may, with permission from their parents, drive to OYFETA. After unloading your belongings during the check-in process, your vehicle will be placed in dead storage area until the end of the week and your keys will be secured by the OYFETA staff.

\* **Medications** – Only bring enough prescription medications that you will need during the week and be sure these medications are noted on the registration form.

**There are also some things that you do not need to bring:**

\* Weapons of any kind.

\* Alcohol, tobacco, or non-prescription medication.

\* **Electronic games, TVs, radios, and other electronic devices, this includes laptop computers. If you violate this policy, OYFETA is not responsible for lost or damaged equipment.**

Sincerely,

*Vicki Miller*

Finance Section Chief  
Youth Programs Committee

[vmiller@cebridge.net](mailto:vmiller@cebridge.net)

*P.S. The OYFETA program will not be successful without the support of our all volunteer staff. If you know a firefighter, EMT, or paramedic who would be interested in teaching or assisting with the 2017 OYFETA program, please ask them to send an email to Vicki Miller!*



THE OHIO STATE FIREFIGHTERS' ASSOCIATION  
YOUTH PROGRAMS COMMITTEE



OHIO YOUTH FIRE & EMS TRAINING ACADEMY  
JULY 16-22, 2017

2017 Registration Form

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male / \_\_\_\_\_ Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

T-Shirt Size: \_\_M, \_\_L, \_\_XL, \_\_XXL, \_\_XXXL # of Extra T-Shirt(s)? \_\_\_\_\_ @ \$12.00 each = \$ \_\_\_\_\_

What Fire Department are you with? \_\_\_\_\_

Prior OYFETA Participant? \_\_Yes / \_\_No If yes, when? \_\_ 2013 \_\_ 2014 \_\_ 2015 \_\_ 2016

What Battalion were you in last year? \_\_\_\_\_ Age (at time of OYFETA): \_\_\_\_\_

Years with your youth program? \_\_1, \_\_2, \_\_3, \_\_4, \_\_5 \_\_Jr. FF / \_\_ Explorer Post / \_\_ Cadet Program

If you take any medication on a daily basis which will be brought with you to OYFETA, please list these medications on the rear of this form and check here:

**\*Please attach a copy of your medical insurance card to the Emergency Medical Information and Contact Form.**

CPR Certified: YES / NO Please include a copy of your current CPR card.

Chief's or Advisor's Signature: \_\_\_\_\_

Chief's / Advisor's Email Address: \_\_\_\_\_

Chief's / Advisor's Phone / Cell Number: \_\_\_\_\_

Chief's / Advisors Printed Name \_\_\_\_\_

County where the student lives \_\_\_\_\_



THE OHIO STATE FIREFIGHTERS' ASSOCIATION  
YOUTH PROGRAMS COMMITTEE



THE 2017 OHIO YOUTH FIRE & EMS TRAINING ACADEMY

Dear Physician,

The person who has presented this letter to you is requesting a medical evaluation to determine their ability to participate in the Ohio Youth Fire & EMS Training Academy (OYFETA). OYFETA consists of one-week of training in emergency medical and firefighting skills. The participants must be in good physical condition upon arrival at OYFETA. During the training participants will be expected to wear the personal protective equipment (PPE) appropriate for structural firefighting. This PPE includes turn-out gear and self-contained breathing apparatus (SCBA or "air pack") with a combined weight of approximately 50 to 70 pounds. This additional weight may be worn in weather conditions of high heat and high humidity.

While participants will not be placed in actual hazardous atmospheres, they will be breathing from the SCBA and good respiratory function is required. In addition, participants will be training in topics such as search and rescue, ladders, hose, forcible entry and other physically strenuous activities. Participants are expected to be generally flexible, able to pick up objects weighing up to 50 pounds, and crawl on the ground. This required physical exam of this potential participant is designed to ensure that all participants are healthy and physically capable of participating in the OYFETA program.

Please sign below to indicate your impression of this individual's physical ability to participate in the Ohio Youth Fire & EMS Training Academy. If you should have any questions regarding OYFETA, please feel free to call Vicki Miller 740-685-1053.

Thank you for your assistance in assuring the safety of the Ohio Youth Fire & EMS Training Academy.

\_\_\_\_\_  
Participant's Name (Printed)

\_\_\_\_\_  
Date of Birth

Based on my evaluation of the participant listed above:

❖ It is my medical opinion that this participant is **FULLY ABLE TO PARTICIPATE** in the Ohio Youth Fire & EMS Training Academy without restrictions.

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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❖ It is my medical opinion that this participant **IS ALLOWED TO PARTICIPATE WITH THE RESTRICTIONS** noted on the back of this form:

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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❖ It is my medical opinion that this individual **SHOULD NOT BE ALLOWED** to participate in the Ohio Youth Fire & EMS Training Academy.

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



# OHIO YOUTH FIRE & EMS TRAINING ACADEMY

## CODE OF CONDUCT



The staff of the Ohio Youth Fire & EMS Training Academy expect all participants to demonstrate their professionalism while participating in OYFETA. Participants are to remember at all times that they are representatives of their fire department's youth program and their actions reflect on their fire department. Participants understand that serious misconduct may result in expulsion from OYFETA. Each participant is responsible for their own behavior and the results of their behavior.

**All participants are required to abide by this code of conduct as follows:**

- I will attend and participate as required in all training and other OYFETA activities.
- In all classes and training, **Safety is always our first priority** and participants must follow the instructions of the OYFETA staff and instructors at all times.
- I will always obey any classroom or training rules.
- I will not take photos or video during OYFETA training sessions. I agree to remove from any social media, photos or videos which are deemed inappropriate by the Academy Commander.
- I will always give the OYFETA instructors, OYFETA and Hocking College staff the respect and consideration they deserve at all times.
- I will be a role model for others.
- I will respect the property of Hocking College, OYFETA, and fire departments while participating in OYFETA including keeping my dormitory room, eating facilities, restrooms, and training facilities clean.
- I am responsible for any loss or damage as a result of my actions. All equipment and tools are to be used properly and returned in a clean manner.
- In consideration of other participants and staff, I agree to follow any bedtimes and curfews as given, understanding that the dorms are on lockdown at night and no one is to leave their assigned room.
- I understand that the possession and/or consumption of alcoholic beverages, illegal drugs and tobacco products are **absolutely prohibited**. Violations of this provision will be reported to your sponsoring fire department. Please initial: \_\_\_\_\_
- OYFETA will not be responsible for the loss or damage of any personal items. It is highly suggested that dorm room combinations not be shared with any other participant for any reason.
- All prescription medication is to be given to the OYFETA health officer during check in. All accidents, illness, and injuries are to be reported immediately to any staff member.
- Students are expected to practice daily hygiene and be well groomed, neat and appropriately dressed.

**DRESS CODE:**

All participants must dress professionally at all times. This includes:

- Dress for classroom sessions is jeans or work pants and your department's or an OYFETA t-shirt. No shorts are permitted for instructional sessions!
- Dress and appearance must not present health or safety problems or cause disruption.
- **Short shorts, tank tops, tube tops, and backless garments, see through or low cut blouses, miniskirts, halters and midriff tops are prohibited.**

**I understand that if I am dismissed from OYFETA, I will not be refunded any fees. I further understand that it will be the responsibility of my Parent/Guardian or Fire Department Advisor to provide safe transportation from OYFETA.**

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Parent Name**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Parent Signature**

**HOCKING COLLEGE STUDENT CENTER  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

**IN CONSIDERATION** of being permitted to enter the Hocking College Student Center for any purpose, including, but not limited to: observation, use of facilities or equipment, or participation in any way, the undersigned, for him/herself and any personal representatives, heirs, and next of kin hereby acknowledges, agrees, and further represents that he or she has, or immediately upon entering, will inspect such premises and facilities. It is further warranted that such entry into the Hocking College Student Center for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposed of such observation or use.

**THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO BRING LEGAL ACTION AGAINST** The Hocking College Student Center or Hocking College, its President, Trustees, employees, agents or assigns (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the facilities or equipment hereon.

**THE UNDERSIGNED** further expressly agrees that the foregoing **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENT, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.**

**I HAVE READ THIS RELEASE IN ITS ENTIRITY AND ALL INFORMATION WITHIN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**PRINT NAME**

**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Signature of Parent/Guardian for Applicants under age 18**

**All applicants over age 18 must sign; one parent/guardian signature applies to all applicants under age 18.**





# OHIO YOUTH FIRE & EMS TRAINING ACADEMY



## 2017 RELEASE OF LIABILITY

Date \_\_\_\_\_

Whereas I,

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(City, State, Zip)

(Date of Birth)

\_\_\_\_\_  
(SSN)

am about to participate in the **Ohio State Firefighters' Association's, Ohio Youth Fire & EMS Training Academy ("OYFETA")**, and, whereas I am doing so as a volunteer and entirely upon my own initiative, risk, and responsibility; now therefore, in consideration of the permission extended to me by the **Ohio State Firefighters Association** to attend, I do hereby for myself, my heirs, executors, and administrators remise, release, and forever discharge the **Ohio State Firefighters Association**; Hocking College; all other sponsors or hosts connected with the operation of OYFETA; and all directors, officers, employees, and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, action, or causes of action on account of my death or account of any injury to me which may occur by reason of attending the Ohio Youth Fire & EMS Training Academy, including transportation to, during, and from OYFETA as well as all training, housing, and other matters incidental to OYFETA.

It is further understood and agreed that this release, among other things, and without limitation of any of the foregoing, extends to and includes negligence, faulty execution of training, and structural failure of equipment used.

Signature of Applicant: \_\_\_\_\_

### Statement of Parents or Guardians

In consideration of the benefits to be derived from my \_\_\_\_\_ (child's/ward's) participation in the **Ohio State**

**Firefighters' Association's, Ohio Youth Fire & EMS Training Academy** training referred to above, I, as parent or guardian of the applicant consent to the participation of said applicant in such training and to his/her execution of the above release, and do hereby for myself, my heirs, executors, and administrators remise, release, and forever discharge the **Ohio State Firefighters Association**; Hocking College; all other sponsors or hosts connected with the operation of OYFETA; and all directors, officers, employees, and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, action, or causes of action on account of the death or account of any injury to the applicant which may occur by reason of the activity referred to above. I hereby certify that the applicant is my \_\_\_\_\_ (son/daughter/ward) and applicant's date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_, and I do hereby certify that to the best of my knowledge and belief applicant is free of all contagious diseases and is physically fit.

**In case of accident or illness, permission is hereby granted to treat the applicant as required. If released from OYFETA before recovery from said illness or accident, further treatment will be provided by myself. I have received and reviewed the OSFA Youth Protection Policy and have had all of my questions answered by OYFETA staff. I further consent to allow the use of photographs, videos or other images of my child in publications and electronic media by the Ohio State Firefighters Association and OYFETA.**

Witness to signatures of both applicant and parent or guardian:

Signature of parent or guardian:

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

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

Printed Name

Printed Name





# THE OHIO STATE FIREFIGHTERS ASSOCIATION YOUTH PROGRAMS COMMITTEE



## YOUTH PARTICIPANT PROTECTION POLICY

It is the policy of the Ohio State Firefighters Association Youth Programs Committee that the protection of youth participants in all aspects of the Ohio Youth Fire & EMS Training Academy (OYFETA) from physical harm, abuse, or unprofessional conduct is the highest priority. We strive to create a safe and secure environment worthy of the proud traditions of the fire service. To ensure the protection of OYFETA participants, the following rules will be adhered to by all OYFETA staff (including Junior Staff) and participants:

- **One-on-one contact is prohibited between adult staff and participants.** In the event that a private discussion is required, the discussion will be conducted away from, but in plain view of other adults and participants. No participant shall be transported in a vehicle by only one adult staff. In the event that an opposite gendered participant requires transportation to a medical facility, a same gendered staff member will be present during the transport.
- **Separate accommodations are required for adults and participants.** During OYFETA, sleeping quarters for adult staff will be separate from participants. Separate sleeping quarters for male and female participants will also be provided. Male and female participants may congregate in groups in common areas, but are not permitted in the sleeping quarters of the opposite gender at any time. Separate restroom and showering facilities will be provided in the dormitories for male and female participants and for adult and Jr. staff.
- **Same gender adult supervision.** OYFETA is open to all participants regardless of gender. OYFETA shall utilize adults of the same gender to supervise participants while in the dormitory facilities or in any other situation where gender sensitivity is required.
- **Cameras, imaging, and digital devices.** All staff and participants shall use cameras, cell phone cameras, and other recording devices appropriately. These devices are prohibited to be used in restroom or showering facilities or any other space where privacy is reasonably expected by staff or participants.
- **Privacy of youth is respected.** Adult staff must respect the privacy of participants in situations such as changing clothes and taking showers at camp, intruding only to the extent that health and safety concerns require immediate intervention. Adults must protect their own privacy in similar situations.
- **Open instruction required.** All aspects of the OYFETA program are open to observation by parents, fire department advisors and officers, and OYFETA leaders. No private instructional sessions will be held.
- **Bullying is prohibited.** Verbal, physical and cyber bullying are prohibited before, during and after OYFETA.
- **Junior Staff Leadership is monitored by Adult Staff.** Adult staff must monitor and guide the actions, attitudes and techniques used by Junior Staff to ensure the standards of OYFETA are adhered to.

- **Discipline must be constructive.** Disciplinary actions must be constructive and appropriate for the infraction. Serious infractions must be immediately reported to the OYFETA Commander or a Section Chief. Corporal punishment is prohibited.
- **Appropriate attire is required for all activities.** As indicated in the participant Code of Conduct, proper clothing is required for all activities at OYFETA.
- **Staff and participants must conduct themselves with respect at all times.** All staff and participants of OYFETA are required to conduct themselves in a manner which brings honor to OYFETA and their sponsoring fire department. Physical violence, theft, verbal insults, and similar behavior have no place at OYFETA.
- **Alcohol, Tobacco and Illicit Drugs are prohibited.** Hocking College is an alcohol, tobacco and illicit drug-free campus. There will be a zero tolerance for violations of this prohibition.
- **Fraternization is Prohibited.** Contact of an intimate or sexual nature is prohibited while at OYFETA. This includes contact between participants, and contact between participants and Jr. Staff or Adult Staff.

## LEGAL INFORMATION

### **R.C. § 2141.42.1 Duty to report child abuse or neglect; investigation and follow up procedures.**

*(A)(1)(a) No person described in division (A)(1)(b) of this section who is acting in an official or professional capacity and knows or suspects that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, shall fail to immediately report that knowledge or suspicion to the entity or persons specified in this division.*

## REPORTING PROCEDURE

In the event that a case of abuse is suspected, reported or interrupted, the OYFETA Commander, or in their absence a Section Chief, and Hocking College Police Department shall be immediately notified. The individuals involved shall be separated and the participant's welfare shall be assessed to ensure no medical evaluation or treatment is needed. The participant's parents shall be contacted by the OYFETA Commander, or Section Chief, and advised of the incident, the status of their child, and any other information which may need to be conveyed.

Child abuse is a criminal offense in Ohio and the Hocking College Police Department shall be the lead in investigating any incident that occurs on campus to determine if cause exists for further action. Until such time as the investigation is concluded, the staff person shall be immediately relieved of all duties that require contact with participants.

If the staff person is exonerated by the Hocking College Police Department's investigation, the OYFETA Commander shall determine if any portion of this Youth Participant Protection Policy has been violated. At the sole discretion of the OYFETA Commander, the staff person may be

dismissed from their duties. A full report of the incident shall be provided to the sponsoring organization, whether substantiated or not, within 48 hours.

## **CONFIDENTIALITY**

All matters relating to an investigation of child abuse shall be treated as confidential by OYFETA staff including, but not limited to, the initial complaint, the identity of the minor involved, the progress of an investigation, and the findings of an investigation. Information may be released only to the OYFETA Commander, Section Chief (if involved or at the direction of the OYFETA Commander), law enforcement authorities, parents of an involved youth participant, OSFA legal counsel, and the OSFA President. In no circumstances shall an incident be discussed with adults or youth who are not involved in the incident or investigation.



# OHIO YOUTH FIRE AND EMS TRAINING ACADEMY



## EMERGENCY MEDICAL INFORMATION AND CONTACT FORM

Name: \_\_\_\_\_ Sex: \_\_\_ Male / \_\_\_ Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Emergency Contacts:

	Name	Home Telephone	Cell Telephone	Work Telephone
Mother:	_____	_____	_____	_____
Father:	_____	_____	_____	_____
Step Mother:	_____	_____	_____	_____
Step Father:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

## EMERGENCY MEDICAL AUTHORIZATION

### PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and
- (2) the transfer of the child to any hospital reasonably accessible.

**The following medical care providers may be contacted for additional information about my child's medical history:**

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does the participant have any **allergies** or **medical conditions** \_\_\_\_\_ YES \_\_\_\_\_ NO  
(if yes, please list on back of this form)

Does the participant take any medications on a daily or as needed basis? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(if yes, please list on back of this form)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PART II – REFUSAL TO CONSENT**

I do **NOT** give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I instruct OYFETA staff to take the following action(s):

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\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

Please use this space to provide additional information:

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Are there any persons who wish to designate **as prohibited** from taking custody of participant? If yes, please list below.

Name	Address	Age

**PLEASE ATTACH A COPY OF THE PARTICIPANT’S MEDICAL INSURANCE CARD TO THIS FORM.**

If your child has a medical condition that the staff should be aware of please list specific instructions here.

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If you child takes medication daily do you want us to administer the medicine and if so please list details:

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Please acknowledge with the students signature that you have read the

- X YOUTH PARTICIPANT PROTECTION POLICY
- X LEGAL INFORMATION
- X REPORTING PROCEDURE
- X CONFIDENTIALITY

STUDENT SIGNATURE \_\_\_\_\_

If mailing the application in you do not need to send the following pages above