



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



RESCUE DIVAS 2018

Dear Parent or Guardian,

Rescue Divas is a full-day local summer camp that will run Monday August 20th, 2017 through Friday August 24th, 2018. The camp is dedicated to exposing middle school aged girls to careers in emergency services. The camp is designed for girls who will enter 6th, 7th or 8th grade in the Fall of 2018. The camp is a great opportunity for staff to help kids build a sense of teamwork and responsibility.

The camp is designed to be fun, challenging, entertaining and educational; all at the same time. We want the children learn safety lessons about things around their homes, schools and neighborhoods that they encounter every day. They will have periods of lectures and lessons 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 women in various emergency services careers. This will include certification in cardiopulmonary resuscitation (CPR), the use of an automated external defibrillator (AED) and first aid. Campers will be exposed to Search and Rescue, Fire Safety, Police Safety, Air Medical and Emergency Room nurses and physicians. In addition, the Alice Paul Institute will be presenting a section on leadership for women. Leadership principles will be taught to each child directly and indirectly throughout the week.

CAMP GOALS

Leadership- Campers develop leadership skills and receive encouragement from peers and professionals to become engaged members of their communities.

Training- Campers acquire insight into the emergency services field and will be certified in CPR/ AED and First Aid.

Camaraderie- Campers make new friends and create peer groups with people of differing backgrounds.

MEDICAL/MEDICATIONS

We have trained 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



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



your child that is not provided by the parent in its original container with dosage specified. Children will not be allowed to keep medication of any type in their possession. Our staff will administer all medications as needed and as specified on the prescription label. In cases of injury or illness that are serious enough to warrant under our operational protocols, 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 the parent/guardian prior to medical assistance being provided if possible.

DRESS CODE

You should dress your child according to the weather forecast for the day. Long pants are preferred since campers will be doing some crawling and kneeling but we have facilities for campers to change if needed so shorts can also be worn. 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. 3 camp t-shirts will be provided on the first day. Many campers will wear one of their t-shirts on Monday for pictures and Friday at the closing ceremony. Closed toe shoes and socks are required at all times.

DROP OFF/ PICK UP

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 the camp are as follows:

Monday 7 a.m. to 5 p.m.

Tuesday thru Thursday 7:30 a.m. to 5 p.m.

Friday 7:30 a.m. to 2 p.m.

Any person who is selected to pick up your child must have their name pre-registered with staff and must present photo identification before the child will be released to them at the end of the day.

MEALS

Lunch will be provided, but please make sure campers have a good breakfast since we will be doing a lot of physical activity. Healthy snack will be provided for break periods as well. A catered luncheon will be provided for the closing awards ceremony.



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



FITNESS

There are portions of the class that require physical effort in simulated situations as well as classroom training. Will your child be willing and able to participate in both aspects?

COMMENTS

Please feel free to make any additional comments here: _____

TERMS OF ENROLLMENT

- Campers will adhere to the Department's Rules and Regulations or will be **dismissed without review**.
- Campers should not bring any valuables to the program, including toys, radios, jewelry, money etc.
- Cell phones are not permitted in camp. A phone is available for necessary calls.
- Mount Laurel Emergency Medical Services and any camp associated guest agencies are **NOT** responsible for lost items. Staff has been instructed **NOT** to safe keep any camper's possessions.
- Campers should wear **closed-toed sneakers** every day (No Sandals)
- Campers should wear clothing appropriate for the weather understanding that they will be required to crawl on the floor and kneel. There are facilities to change if shorts are worn and they bring long pants.

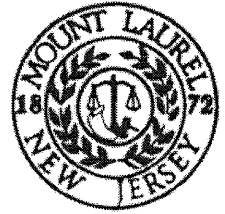
On behalf of the Mount Laurel Emergency Medical Services, we thank you for your interest in the Rescue Divas camp and hope that your child will have a fun and positive learning experience.

Respectfully,

Joseph C. Stringfellow, JD, EMT
Chief of EMS



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



APPLICATION RESCUE DIVAS 2018

Please mail to or drop off your completed application with payment at 201 Masonville Road, Mount Laurel, New Jersey 08054 (Attn: Chief Stringfellow). Checks should be made payable to MLEMS Inc. **APPLICATION DEADLINE IS July 27TH, 2018 (Only 20 Spots).**

Applicant's Name: _____ Age: _____

Home Address: _____ City: _____ State: _____

Zip: _____

Home Phone: _____ Email Address: _____

Grade Entering August 2018 ___ School: _____

Parent/Guardian Name: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mothers Cell/ work phone _____

Father Cell/ Work phone: _____

Emergency Contact: _____ Cell Phone: _____

Email address: _____

Please list all health concerns, limitations or restrictions, and medications for your child:

Only the following people may pick my child up from Rescue Diva's Camp:

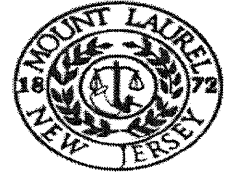
Attendance is required for all portions of the 5-day camp. Will you commit to attending the entire program? ___ Yes ___ No

T-Shirt Size: ___ Youth Medium ___ Adult Small
 ___ Youth Large ___ Adult Medium
 ___ Youth X-Large ___ Adult Large

Fee \$100.00 to be included with application.



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



EMERGENCY MEDICAL AUTHORIZATION RESCUE DIVAS 2018

As parent or legal guardian of _____, I furthermore give permission to MLEMS Inc. and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of who is listed on a separate Authorization.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, MLEMS will exercise reasonable judgment in seeking medical treatment for my child.

Signature: _____ Dated: _____

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE RESCUE DIVAS 2018 DAY CAMP.

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS MOUNT LAUREL TOWNSHIP, MLEMS, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the camp. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of MLEMS, its officers, agents, volunteers, assistants or employees.

Signature of Parent/ Guardian

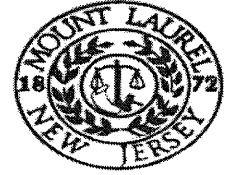
Dated: _____

Printed name of parent or guardian

Printed name of minor child



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



HEALTH HISTORY FORM

Name: _____
 Address: _____
 Birthdate: _____ Age at time of event: _____
 Parent/Guardian: _____
 Home Address: _____
 Home Phone: _____ Work Phone: _____ Cell: _____

Insurance Information:

Is the participant covered by family medical/hospital insurance? __ yes __ no
 If so, indicate carrier or plan name: _____ Group #: _____
 Insurance carrier address: _____ Phone: _____

Allergies: List all known allergies (Medication, Food, Other)

Medications: List all medications being taken (including dosages) including OTC.

General Questions: (Explain "yes" answers below).

Has/does the participant	Y	N		Y	N
Had any recent injury, illness or infectious diseases?			Ever had back problems?		
Have a chronic or recurring illness/condition?			Ever had a problem with joints (e.g. knees, ankles)?		
Ever been hospitalized?			Have an orthodontic appliance being brought to camp?		
Ever had surgery?			Have any skin problems (e.g. itching, rash, acne)?		
Have frequent headaches?			Have diabetes?		
Ever had a head injury?			Have Asthma?		
Ever been knocked unconscious?			Had mononucleosis in the past 12 months?		



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



Wear glasses, contacts, or protective eyewear?		Had problems with diarrhea/constipation?		
Ever had frequent ear infections?		Have an abnormal menstrual history?		
Ever passes out during or after exercises?		Ever been dizzy during or after exercise?		
Ever had seizures?		Ever had an eating disorder?		
Ever has chest pain during or after exercise?		Ever had emotional difficulties for which professional help was sought?		
Ever had high blood pressure?		Ever been diagnosed with a heart murmur?		

Please explain any "yes" answers, noting the number of the question.

- # _____
- # _____
- # _____
- # _____

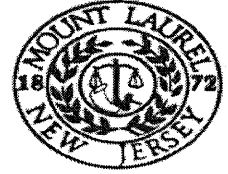
Use this space to provide any additional information about the participants behavior and physical, emotional or mental health about which the camp should be aware.

Name of family physician: _____ Phone: _____
 Name of dentist/Orthodontist: _____ Phone: _____

Is the camper up to date on all required immunizations? If not, please explain what immunizations they have not had. _____



MOUNT LAUREL TOWNSHIP EMERGENCY MEDICAL SERVICES



MEDIA/PHOTO RELEASE AUTHORIZATION

As a parent/guardian of a child enrolled in the Rescue Divas Day 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 Mount Laurel Emergency Squad, along with the other groups involved in the facilitation of the camp, will be taking photographs during the week, which may be used on our official 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/guardian at the time of the event.
4. Photographs will remain the property of MLEMS, Inc.

Parent/Guardian Signature: _____ Dated: _____

Parent/ Guardian Printed Name: _____

Childs Printed Name: _____