

**LITTLE FERRY FIRE DEPARTMENT
JUNIOR FIREFIGHTER
COUNSELOR CONTACT FORM**

The following form shall be used to provide your child's Guidance Counselor information. The counselor shall only be contacted to confirm your child in maintaining a C average or greater in school, and that their participation in the Little Ferry Fire Department Junior Firefighter Program is not effecting them in a negative light. Only the program manager will be the point of contact for the counselor. In the event anything changes please provide the information to us so we can update our records. A separate acknowledgement form shall be required prior to the program manager contacting your child's Guidance Counselor. Consent can be rescinded at any time you see the need to.

School Name: _____
Guidance Counselor Name: _____
Guidance Counselor Email: _____
Guidance Counselor Phone: _____
Childs Printed Name: _____
Print Guardians Name: _____
Date: _____
Telephone Number: _____