



Blue Point Fire Department

FOUNDED 1890 • INCORPORATED 1913
over 100 years of service

Office of the Chief

205 Blue Point Avenue
Blue Point, New York 11715
(631) 363-6316

JUNIOR FIREFIGHTER INFORMATION FORM

Name _____ Date of Birth _____

Address _____

Home Phone () _____ Parents Email Address _____

Parent Cell Phone () _____ Name _____

Parent Cell Phone () _____ Name _____

Pertinent medical history and medications, if any: _____

Parent / Guardian Authorization

As the parent or guardian of the above child, I hereby authorize my child to participate in all functions of the Blue Point Fire Department Junior Firefighters program. These functions include regular meetings, parades and fundraising events. Transportation to and from events will be provided by the fire department.

Signature _____ Date _____