



**CITY OF BUCKEYE
 FIRESETTER PREVENTION PROGRAM
 CONSENT FOR RELEASE OF INFORMATION**

Juvenile Information:

Name (Last, First, Middle): _____ D.O.B: ___/___/___

Home Address: _____ Phone: _____ - _____ - _____

I hereby authorize the **City of Buckeye Fire Medical Rescue Department** to receive, furnish, exchange information regarding the above named minor and his / her family for the purpose of making appropriate referrals from/to/with:

1. Agency: _____
 Name _____
 Address _____ City _____ State _____ Zip _____
 Contact Name _____ Phone _____ Fax _____

2. Agency: _____
 Name _____
 Address _____ City _____ State _____ Zip _____
 Contact Name _____ Phone _____ Fax _____

3. Agency: _____
 Name _____
 Address _____ City _____ State _____ Zip _____
 Contact Name _____ Phone _____ Fax _____

4. Agency: _____
 Name _____
 Address _____ City _____ State _____ Zip _____
 Contact Name _____ Phone _____ Fax _____

I understand that all information will be treated confidential.

Name (Please Print): _____ Date: ___/___/___

Relationship to Child: _____

Signature

Witness