



**Town of Beekman
Teen Leadership Council
EVENT INFORMATION**



Event: Game Night with Senior Residents at The Fountain of Millbrook Assisted Living
Every Third Monday of the month (unless school is closed for holiday)

Arrival time: **6:00pm** Meet at Rec for carpooling

Return time: **8:30pm** Back at Rec for Pick-up

Please wear TLC SHIRT

- *We will meet at the Beekman Recreation Center at **6pm** and will return to the Rec by **8:30pm**. Please indicate below if you can assist in carpooling if needed or if your child will be driving him / herself.

-----**PERMISSION SLIP: tear off and return**-----

I give permission for my son/daughter _____ to attend The Fountains of Millbrook Game Night on (date) _____.

I understand that it is the parent/guardian's responsibility to make transportation arrangements to and from the activity.

I give permission

- ☐ To include my child in any photos that may be taken in conjunction with this program
- ☐ To the Town of Beekman to obtain necessary medical treatment for my child in the event of an emergency with the understanding that the family will be notified as soon as possible

I can drive _____ (#) teens:
_____ to the event

_____ from the event

_____ My child will be driving him/herself to and from the event

My teen:

_____ needs no medication

_____ should have the medications listed below and provided by me in the original containers: *All medications must be in the original container that is placed in a zip-lock bag with the teen's name & directions for administering & turned over to Town of Beekman staff member upon arrival*

In the event of an emergency I can be reached at: _____
Phone numbers

If I cannot be reached, please contact: _____ at: _____
Name Phone numbers

Parent Name printed

Parent Signature

Date