



Town of Lewisboro

Parks & Recreation Department



Dana M. Mayclim
Superintendent

Laura A. Stone
Senior Office Assistant

Nicole Stone
Recreation Assistant

Pamela Veith
Senior Adult Coordinator

Reed Pullem
Recreation Assistant

July 12, 2016

Dear Parents:

Due to an unfortunate incident that occurred during a previous overnight trip to Hershey Park, we are asking all parents/guardians to sign the waiver form below:

The Lewisboro Recreation Staff and/or the Teen Trek Staff has my permission to search my child's bags/belongings at any time during the two day trip. If my child is caught drinking or in possession of alcohol, drugs, cigarettes or having any sexual contact – I, the parent/guardian can and will come at any time during the two day trip to pick up my child at Hershey Park if my child is involved in any of the aforementioned activities. This will also be followed by a suspension or expulsion from camp.

Child's Name

Parent's Signature

Date

Thank you for your cooperation in this matter.

Sincerely,

Reed Pullem
Camp Operator



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PERMISSION SLIP FOR OVER THE COUNTER MEDICATION

I give my permission for one of the camp staff to provide my son/daughter _____ with an over the counter medication. Please check the following medications that would be acceptable to administer to your child.

- ___ Tylenol
- ___ Advil
- ___ Motrin
- ___ Pepto-Bismol
- ___ Tums
- ___ Cough Syrup
- ___ Other: _____

This will only be acceptable while on the Hershey Park overnight July 20th and 21st of 2016 for Camille's Bus or July 27th and 28th of 2016 for Mike or John's Bus.

Parents/Guardian Signature

Date

Please check one:

Mike's Bus _____ John's Bus _____

Camille's Bus _____



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HERSHEY PARK PERMISSION SLIP

I give my permission for my son or daughter _____
to attend the overnight to Hershey, PA. I understand that this site is
inaccessible for the Westchester County Health Department to inspect and
that both the hotel and the amusement park are operated and inspected by
Pennsylvania standards and not New York or Westchester County standards.
I am also aware that my child will be able to swim in the Holiday Inn's
(Harrisburg, PA) indoor pool during the trip (this pool is not inspected by
the Westchester County Health Department). I know that my child had to
pass the swimming test given by Lewisboro Town Pool Camp Staff in order
to swim at this pool.

If you understand the previous paragraph and still would like your camper to
attend this overnight trip please sign and date below. Thank you.

Parent/Guardian Signature

Date