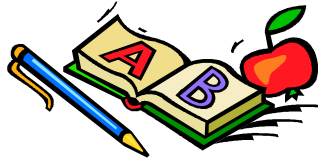


Stay and Play Before and After School
102 W. Rose Tree Rd.
Media, PA 19063
610-891-0600 Ext. 101 or 102



Dear Stay and Play Parents,

Below is a blanket permission form allowing us to administer Acetaminophen (Tylenol), Ibuprofen (Advil) or Motrin. If you wish to have your permission on file for your child, please fill out the form and return to Stay and Play, c/o the Director. It is especially helpful on extended days when a child may be sick with a fever and/or headache and the parents cannot be contacted immediately.

Please inform the Director if your child is allergic to anything, i.e. bees, eggs, nuts, dairy. If your child uses an inhaler for asthma or needs an EpiPen for an allergic reaction please make sure the Director is aware and we have one on site. There is a Medication Lock Box located in the Director's office for storage.

Thank you for your consideration in this matter.

Sincerely,

Diane P. Bullen,
Director

Stay and Play Before and After School Care
Permission to Administer Acetaminophen/Ibuprofen/Motrin
2016/2017 School Year

Child's Name: _____

My child may have Acetaminophen (Tylenol)? YES or NO

My child may have Ibuprofen (Advil)? YES or NO

My child may have Motrin? YES or NO

Child's Weight _____

Child's Age _____

Parent Signature _____ Date _____