

Stay and Play Before and After School  
102 W. Rose Tree Rd.  
Media, PA 19063  
610-566-4540



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 Computer Lab for storage.

Thank you for your consideration in this matter.

Sincerely,

Marion Boas,  
Director

---

**Stay and Play Before and After School Care**  
**Permission to Administer Acetaminophen/Ibuprofen/Motrin**  
**2023/2024 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 \_\_\_\_\_