



**NURSERY SCHOOL AND DAY CARE CENTER INC.**

**The First Step Nursery School and Day Care Center, Inc**  
**1350 15th Street, Fort Lee, NJ 07024**  
**firststep7.com**  
**201-944-9642**

Dear Parents:

We realize that throughout the school year there maybe instances when your child will run a fever from teething or other illnesses that may occur. We recommend that you sign this consent form allowing us to administer Tylenol to your child on any given day, when and only when it is needed.

*Each parent is required to leave a bottle of Tylenol (liquid only) at the Center.*

The parent will **FIRST** be called before Tylenol is given. At the end of that school day, you the parent, are required to sign the medication sheet located in your child's classroom.

Please fill out the bottom portion of this letter and return it ASAP.

Thank You,

Mary Jo Iorlano  
Director

I, \_\_\_\_\_, give The First Step my permission to administer  
(Parent / Guardian Name)

Tylenol (ONLY IF NEEDED) to my child \_\_\_\_\_.  
(Child Name)

I understand that I will **FIRST** be called and that I am responsible for supplying the Tylenol (liquid form only) and for signing the medication sheet at the end of that school day.

Parent / Guardian Signature	Date