

Anne Arundel County Department of Recreation and Parks
School Age Child Care Division

ACKNOWLEDGMENT OF ALLERGIES/MEDICAL CONDITIONS
(only sign if applicable)

CHILD'S NAME: _____

I acknowledge that allergies and/or medical conditions are listed on my child's *Health Inventory* and/or *Emergency Form*, that I represented to Anne Arundel County and the Department of Recreation and Parks that my child has no medications that he or she is taking or needs to have available while attending SACC/MSTG, and that I have provided SACC/MSTG with no medications or equipment to treat those conditions.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please print name clearly on this line)