

Anne Arundel County
Department of Recreation & Parks
School Age Child Care

SACC Center: _____

**MEDICATION AUTHORIZATION
ADDENDUM FORM**

CHILD'S NAME: _____

In order to identify your child for the purpose of medication supervision, Anne Arundel County Department of Recreation and Parks School Age Child Care requests a current photograph of your child be attached to this form.

Parent or Guardian Signature: _____

Date: _____

