

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

SACC Center: _____
Center Director: _____
Center Phone: _____

**MEDICATION AUTHORIZATION
ADDENDUM FORM**

I grant permission to, and request that the Anne Arundel County Department of Recreation and Parks, SACC/MSTG staff administer the medication as prescribed on the the attached **MEDICATION AUTHORIZATION FORM (MSDE OCC FORM 1216)**. In order to identify your child for the purpose of medication supervision, Anne Arundel County Department of Recreation and Parks School Age Child Care requires a current photograph be attached to this form.

PRINT FULL NAME OF CHILD

Parent or Guardian Signature: _____

Date: _____

