

Anne Arundel County Department of Recreation and Parks  
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 Department of Recreation and Parks that my child has no medications that he or she is taking or needs to have available while attending the Child Care program (CEC/PRE-K/SACC/MSTG), and that I have provided the Child Care program with no medications or equipment to treat those conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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