

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

CHILD'S NAME: _____

I certify that I have listed all allergies and/or medical conditions on my child's *Health Inventory, Medication Forms* and/or *Emergency Form*. I further acknowledge that my child needs no medications available while attending the Anne Arundel County Department of Recreation and Parks' Child Care programs (CEC/PRE-K/SACC/MSTG) and/or Summer Camp/Child Care programs. I certify that I have been expressly notified that it is my sole responsibility to provide any necessary medications or equipment for my child's care, and that I have not provided the Recreation and Parks programs with any medications or equipment to treat my child's allergies and/or medical conditions.

If the Department of Recreation and Parks has received signed physician orders, should serious symptoms occur, I am aware that I (or another responsible adult listed on my child's Emergency Form) am required to pick up my child within 5 minutes or 911 will be called.

In consideration of the Department accepting my child in this program, I agree to release and discharge Anne Arundel County, Maryland, its employees, servants, officials, volunteers, and agents from any harm sustained by my child as a result of participation in this program. I agree to indemnify and hold harmless Anne Arundel County, Maryland, its employees, servants, officials, volunteers, and agents against liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, Maryland, its employees, servants, officials, volunteers, and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing condition or disability, including but not limited to allergies or medications.

This form must be supplemented if your child's condition changes.

Parent/Guardian Signature

Date

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