

Anne Arundel County Department of Recreation and Parks

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

CHILD'S NAME: _____

I acknowledge 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 programs 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.

Parent/Guardian Signature

Date

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