

Anne Arundel County Department of Recreation and Parks

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

CHILD'S NAME: _____

PROGRAM LOCATION AND NAME: _____

I acknowledge that allergies and/or medical conditions are listed on my child's *Registration or Participant Emergency Information Form*, that I presented to Anne Arundel County and the 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 Recreation and Park program, and that I have provided Recreation and Parks with no medications or equipment to treat those conditions.

Parent/Guardian Signature

Date

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