



**ACKNOWLEDGMENT OF RECEIPT OF POLICY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH MEDICAL CONDITIONS**

I acknowledge that I have received a copy of Seaside Training Center's Policy for Administering Emergency Treatment to Children with Medical Conditions.

Print Name: _____

Parent(s)/Guardian(s) Signature:

Date: _____

(Hospitality Staff Instructions: After signature, scan and upload this document to the family's registration profile on Jackrabbit)