



## **Adult Declaration of Medical Condition**

I, \_\_\_\_\_, am disclosing that I have been diagnosed with a medical condition that requires medication, and/or physical help from an adult, and could also cause a medical emergency.

I understand I am required to provide the necessary medication and/or assistance. I also understand that The Refinement Studio LLC can only help by calling 911, if necessary.

By signing this document, I agree to its terms.

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Child's Name

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Parent/ Guardian Signature

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Date