



Child Declaration of Medical Condition

I, _____ parent/guardian of _____ am disclosing that she/he has 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 remain on the premises for the duration of the workshop or party should my child need my assistance.

By signing this document, I agree to its terms.

Child's Name

Parent/ Guardian Signature

Date