

We Rock Care Services

Health & Contact Information

Child's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

With legal custody to be contacted in case of illness or injury

Preferred Phone Numbers: _____ Email: _____

Additional Contact: _____

In the event parent(s)/guardian(s) can not be reached

Relationship to Child: _____ Phone Number: _____

Child's Diagnosis: _____

- Allergies:
- No known allergies.
 - This child is allergic to:
 - Food: _____
 - Medicine: _____
 - The environment (insect stings, hay fever, etc.): _____
 - Other: _____

(Please describe below what the child is allergic to, the reaction seen, and necessary treatment.)

Restrictions:

- I have reviewed the program and activities of WRTS and feel the child can participate without restrictions.
- I have reviewed the program and activities of WRTS and feel the child can participate with the following restrictions or adaptations. **(Please describe below.)**

****By signing below, you are recognizing that We Rock the Spectrum Kid's Gym is not a licensed daycare facility*

Signature (Parent/Guardian): _____ Date: _____