

## 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:** \_\_\_\_\_

**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 recognising that We Rock the Spectrum Kids Gym is not a licensed daycare facility.*

**Signature (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_