

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