

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 recognizing that We Rock the Spectrum Kid'sGym is not a licensed child care program by the Government of Ontario.*

Signature (Parent/Guardian): _____ Date: _____