

PARENTAL CONSENT FORM

Storm Fitness LLC d/b/a Storm Wellness Club
("Company")

PARENT / GUARDIAN CONSENT

I, the undersigned parent or legal guardian ("Parent"), hereby grant permission for my minor child ("Child") to participate in the Kids Care childcare services provided by **Storm Fitness LLC d/b/a Storm Wellness Club** ("Company"). I understand that Kids Care is a supervised program offered within the Company's facility and that participation is solely for the purpose of providing short-term childcare while Parent remains on the premises.

ACKNOWLEDGMENT OF RESPONSIBILITIES

Parent understands and agrees as follows:

1. Parent must remain physically present in the facility at all times while Child is checked into Kids Care.
 2. Parent is solely responsible for notifying Company of all allergies, medical conditions, or special needs.
 3. Parent must provide accurate emergency contact information.
 4. Company staff may contact Parent at any time and may require immediate pickup.
 5. Parent understands that Company staff are not permitted to administer medication, including Epi-Pens, except in cases of emergency response.
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EMERGENCY AUTHORIZATION (LIMITED)

Parent authorizes Company to take reasonable action in the event of a medical emergency, including contacting emergency medical services. Parent understands that all medical costs, emergency treatment, and related expenses remain the responsibility of the Parent.

This authorization does **not** permit Company staff to administer medication, except Staff may assist in retrieving or handing an Epi-Pen if made available by Parent.

HEALTH & WELLNESS REQUIREMENTS

Parent agrees that Child may not attend Kids Care if exhibiting signs of illness, including but not limited to fever, cough, vomiting, contagious infection, or flu-like symptoms. Company may deny entry or request pickup at its discretion. No refunds or credits are required for missed time due to illness.

RULES AND POLICIES

Parent agrees to comply with all Kids Care rules, access limitations, scheduling policies, capacity restrictions, and conduct requirements as determined by the Company, including limitations on daily and weekly time usage.

MEMBERSHIP STATUS

Parent acknowledges that Kids Care services are available only to active members of Storm Wellness Club and are billed as a monthly add-on unless otherwise stated. Additional hourly charges may apply for extended time.

PARENTAL STATEMENT

By signing below, Parent represents and warrants:

- ☐ I am the parent or legal guardian of the Child listed below,
 - ☐ I have the legal authority to execute this consent,
 - ☐ I understand and accept all terms contained herein.
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CHILD INFORMATION

Child Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Gender: _____

EMERGENCY CONTACT

Emergency Contact Name: _____
Relationship to Child: _____
Phone Number: _____

PARENT / GUARDIAN

Parent/Guardian Name: _____
Phone: _____
Email: _____

Signature: _____
Date: ____ / ____ / ____
