



The Clubhouse - For Kids Only, Inc.

2712 North Sugas Road
New Hope, Pennsylvania 18938
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Email: information@theclubhouseforkids.com

CONSENT FOR MEDICAL TREATMENT

This is to certify that I hereby constitute and appoint THE CLUBHOUSE FOR KIDS ONLY, INC. my true and lawful attorney, for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency or Family Physician, on my child. I understand that every attempt will have been made to reach me or the authorized persons on my consent form.

CHILD'S NAME: _____ **Birthdate:** _____

Known Allergies: _____

Medications: _____

Blood Type: _____ Date of Last Tetanus Vaccination: _____

Family Physician: _____

Address: _____

Phone Number: _____

Mother's Emergency Contact # _____

Father's Emergency Contact # _____

Authorized Emergency Persons:

1) Name: _____ Phone #: _____

Relationship to Child: _____

2) Name: _____ Phone #: _____

Relationship to Child: _____

3) Name: _____ Phone #: _____

Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Printed: _____

Witness Signature: _____ Printed: _____