



<https://trailsideprek.com/>
<https://www.facebook.com/forkidssake>
<https://www.facebook.com/juluehenespicano>
<https://facebook.com/zantzone>

Trailside – Pinckney
125 E. Unadilla Street
Pinckney, MI 48169
(734) 878 - 1200

Sunscreen Authorization & Release

_____ (name of child / children) The undersigned, that are the parents or guardians having legal custody of the above named minor(s), hereby authorize the staff of For Kid's Sake Early Learning Center Trailside into whose care the above named minor has been entrusted, to apply sunscreen as needed to children over 12 months of age.

Signed (mother or guardian) _____ Date _____

Signed (father or guardian) _____ Date _____

Medical Authorization & Release / Emergency Medical

_____ (name of child / children). The undersigned, that are the parents or guardians, having legal custody of the above-named minor(s), hereby authorize For Kid's Sake Early Learning Center Trailside into whose care the above-named minor has been entrusted, to give consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment. Also, hospital care is to be rendered to said minor under the general or special supervision and upon the advice of a physician & surgeon licensed under the provisions of the Medical Practice Act. Or to consent to an x-ray exam, anesthetic dental or surgical diagnosis treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize For Kid's Sake Early Learning Center Trailside to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used **only in an extreme emergency**, when said parents or guardians cannot be or are unavailable to be contacted.

Signed (mother or guardian) _____ Date _____

Signed (father or guardian) _____ Date _____