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

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 Trailside into whose care the above-named minor as been entrusted, to give consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment. Also, to hospital care to be rendered to said minor under the general or special supervision and upon the advise 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 authorizes For Kid's Sake 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 _____