



www.forkidssakeelc.com
<http://www.facebook.com/forkidssake>
<http://www.facebook.com/julieheneespiano>
<http://www.facebook.com/zantzone>
<http://pinckneysummercamps.com/>

For Kid's Sake Early Learning Center

10300 Dexter-Pinckney Road

Pinckney, Michigan 48169

Phone: (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* 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* 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 authorize *For Kid's Sake Early Learning Center* 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 _____

OUR WORK IS CHILD'S PLAY!