

**First United Methodist Church of Tracy**  
**330 Acacia St. Tracy, CA 95376**  
**Phone (209)-835-4927**  
**Fax (209)-835-4928**  
[www.fumctracy.org](http://www.fumctracy.org) / Email: [fumctracy@juno.com](mailto:fumctracy@juno.com)  
**Pastor Anthony Jenkins**

**Parent Permission / Medical Release Form**

I (we) the undersigned parent(s) of \_\_\_\_\_ hereby authorize and give consent to \_\_\_\_\_ of the First United Methodist Church, to secure emergency treatment deemed advisable by, and rendered under, the supervision of a licensed medical facility and physician. It is understood that this authorization is given in advance of any specific emergency requiring treatment, diagnosis or hospital care, in order to assign the above named adult church leader / advisor as my (our) agent to secure medical services in the event of an emergency occurring while my son / daughter / ward, is under their care. This authorization is given pursuant to the provisions of Section 24.8 of the Civil Code of California.

Parent(s) /  
Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ I.D. # \_\_\_\_\_

Allergies (Food or  
Medicine) \_\_\_\_\_

Medications currently  
taking \_\_\_\_\_

Is under treatment for \_\_\_\_\_ Blood Type \_\_\_\_\_

Other \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_

Date \_\_\_\_\_