

First United Methodist Church of Tracy
330 Acacia St. Tracy, CA 95376
Phone (209)-835-4927
Fax (209)-835-4928
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Pastor Mark Buenafe

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 _____