

DAVIS JOINT UNIFIED SCHOOL DISTRICT

**Driver Emergency Procedure/Insurance Verification (Form 3b)**

***MASTER FOR SCHOOL YEAR \_\_\_\_\_***  
***(NOTIFY SCHOOL OFFICE OF ANY CHANGES)***

I, the undersigned driver \_\_\_\_\_,  
do hereby authorize the DAVIS JOINT UNIFIED SCHOOL DISTRICT, representative as agent(s) on my behalf, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understand this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

I, the undersigned, agree to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this academic year.

Home Phone: \_\_\_\_\_ Business Phone : \_\_\_\_\_

Alternate Emergency Phone#: \_\_\_\_\_

Health concerns \_\_\_\_\_  
(e.g. severe allergies, diabetes, seizures, migraine, mental health condition, asthma, etc.)

Routine medications? Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_  
(Complete attached medication forms if any medications needed on the field trip)

Medical/Accident Insurance Company: \_\_\_\_\_

Insurance Policy/Group No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Driver's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

It is the responsibility of the driver to update this information. Please notify the office of any changes.

The Davis Joint Unified School District does not provide medical coverage for students. If you do not have medical coverage or would like additional secondary coverage for school events at a nominal cost, you may pick up information on supplemental school medical coverage from the school site secretary.