

DAVIS JOINT UNIFIED SCHOOL DISTRICT

Parent/Guardian Emergency Procedure/Insurance Verification  
(Form 2b)

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

(I, (We), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize the DAVIS JOINT UNIFIED SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, 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 understood 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.

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

Parent or  
Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or  
Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Health concerns (e.g. severe allergy, diabetes, seizure disorder, asthma, migraine, mental health problem, etc.)  
\_\_\_\_\_

Routine medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
(complete attached medication form if medication will be needed during field trip)

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

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

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

\_\_\_\_\_  
Parent/Guardian Signature Date

It is the responsibility of the parent or guardian 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.