

Volunteer Drivers
Transporting Student Athletes
To/From RUSD Athletic Events

It is imperative that all volunteers complete the following paperwork and process well before the season of sport (fall, winter, or spring) in which they will be transporting student-athletes (other than their own student) to and from Redlands Unified School District athletic contests.

- 1) **School Driver Certification Form** (attached)
 - All prospective volunteer drivers will complete this form
 - Include a copy of your Driver's License and your insurance policy (including expiration date of policy)
 - Please note-your coverage must have the minimum coverages noted on this form
- 2) **Megan's Law Volunteer Background Check** (attached)
 - All prospective volunteer drivers must complete this form
- 3) **Worker's Compensation Notification** (attached)
 - All prospective volunteer drivers will receive the "Covered Employee Notification of Rights Materials" and sign cover letter of this information
- 4) **TB Clearance**
 - All prospective volunteer drivers may go to their own doctor for a TB test.
 - Volunteers may choose to go to the RUSD Superintendent's Office (20 W. Lugonia Avenue) and speak with Gretchen Ramos and request a TB voucher.
 - This TB voucher may be used at the Redlands Community Hospital Clinic located at 802 West Colton Avenue in Redlands (Ph. # (909)335-5799). TB skin tests are given Wednesdays and Fridays from 1-3 pm (by appointment only).
 - Once you have received your negative TB Skin Test result take it back to the school site Athletic Director with all of the above completed documents.**

Once sites have received all of the items listed above from the prospective volunteer drivers, the following steps must be taken:

-Site personnel visits the Megan's Law website and completes the lower portion of the form.

-Site administration signs the School Driver Certification Form (this form along with a copy of the volunteer's DL and insurance policy will be submitted to Felicia Robinson in Risk Management). Once signed by Risk Management, Felicia will send the original back to the sites with a copy. The original shall be returned to the volunteer driver and kept in their possession at all times. The copy should be filed at the site.

-A Volunteer Form (pink form) is completed by the site and is submitted to Gretchen Ramos in the Superintendent's Office to go forward with the respective volunteer for Board approval. Copies of the negative TB Skin Test, Megan's Law website review by the site, and the signed Medical Provider acknowledgement form must be attached to the Volunteer Form submitted to Gretchen Ramos

***Once cleared, drivers may transport during other seasons of sport during the same school year.**

It is highly recommended that the site keep copies of all items listed above for their own records.



REDLANDS UNIFIED SCHOOL DISTRICT SCHOOL DRIVER CERTIFICATION FORM

Authorization is hereby requested for use of volunteer driver(s) in private vehicles for the following special trip(s):

Date(s) of trip(s) _____ Time: Departure _____ Return _____

Destination: To _____ From _____

Purpose: _____

It is understood that this trip is subject to the following conditions:

1. The trip must be optional and students under 18 cannot attend without prior consent of the parent or guardian. An appropriate District Consent Form for each participant must be completed.
2. The driver must hold a valid California drivers license (**LEGIBLE COPY OF LICENSE MUST BE ATTACHED**).
3. The District's liability insurance does not cover damage to private vehicles or passengers, but merely protects the District in the event of a claim of negligence in organizing the trip. The driver's personal automobile insurance policy would provide primary coverage. The driver must be covered by an automobile insurance policy with minimum coverage of: Public Liability & Bodily Injury - \$100,000/300,000 per accident; Property Damage - \$50,000 per accident; Medical Payments - \$2,000 (**DOCUMENTATION SHOWING COVERAGE LIMITS AND POLICY PERIOD MUST BE ATTACHED**).
4. Seat restraints must be available for all passengers. Transporting students is limited to vehicles which meet the requirements for transporting passengers contained in the motor vehicle code of the state of California. Transporting students in pick-up trucks or vans equipped with sub-standard passenger accommodations is expressly prohibited. Vehicles must not be overloaded.
5. Vehicles must be registered in California and be in proper mechanical condition.

Driver's Name (as shown on driver's license)

Driver's License Number

Driver's Address

Driver's Telephone Number

Automobile Make/Model

Number of Seat Belts in Automobile

Automobile License Number

Name of Insurance Company

Insurance Policy Number

I agree to accept the responsibilities involved with this trip and certify that I will comply with the conditions listed above.

Driver's Signature (as shown on driver's license)

Date

Authorization is hereby granted for _____ to transport a maximum of _____ in his/her private automobile at the date and time and to the destination specified above or attached.

Site Administrator's Signature

District Office Approval/Signature
Sylvia Morrison

Risk Management Supervisor
Title

Date

Original approved form must be in the possession of the driver at all times.

(SchoolDriverCertForm-12/10/09)



Redlands Unified School District

Educational Services Division
Student Services Department

P.O. Box 3008 • Redlands, California 92373-1508 • (909) 307-5300 • FAX (909) 792-3847

Megan's Law Volunteer Background Check

To provide a safe and protective environment for students, the Redlands Unified School District is using the Megan's Law database to complete background checks on school volunteers. This database identifies adults who are registered sex offenders.

Because you are interested in volunteering at a school site, want to participate in a school sponsored field trip and/or overnight excursion, you are subject to a background check utilizing the Megan's Law database.

Thank you for your cooperation in increasing the district's ability to protect our students' well being.

I acknowledge that I am not a registered sex offender and the Redlands Unified School District will check the Megan's Law public database to confirm this. This form can be used throughout the school year to review my status.

School: _____ Teacher: _____

Student's Name: _____

Volunteer's Name (please print): _____

Volunteer Address: _____
Number Street City Zip

Volunteer's D.O.B.: _____ Phone: _____

Signature: _____ Date: _____

Office use only

Date background check completed: _____

Clearance approved: Yes _____ No _____

Completed by: _____



Redlands Unified School District
PRIME Advantage Medical Network
a Medical Provider Network (MPN)

Date Provided to Volunteer

A safe working environment is our number one priority. However, should an accident or injury occur, we want to ensure that our volunteers receive prompt effective medical treatment. Our goal is to assist injured volunteers in making a full recovery.

The District has been approved by the Department of Industrial Relations Division of Workers' Compensation to participate in the ***PRIME Advantage Medical Network*** (MPN). That means that if you require and/or request medical treatment for a volunteer-related injury, all medical treatment will be provided by a physician or provider within the medical provider network. The attached "*Covered Employee Notification of Rights Material*" (which also covers volunteers) will explain, in detail, all of your rights including how to change physicians, request a second and third opinion and how to gain access to a list of participating providers.

The attached "*Covered Employee Notification of Rights Material*" is being provided to you in compliance with state regulations. Please read the material carefully. Should you have any questions, please feel free to contact Sylvia Morrison, Risk Management Supervisor at 909-748-6743 or Keenan & Associates, our third-party administrator, at 1-800-654-83477.

By signing below you are acknowledging that you have received and read the "*Covered Employee Notification of Rights Material*". **Please sign and return to the School Office Manager or Secretary.**

Volunteer Name

Volunteer Signature

Date

Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems MPN with the identification number 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: PO Box 54770, Irvine, CA 92619-4770
Telephone Number: (888) 626-1737
Email address: MPNcontact@harborsys.com

General information regarding the MPN can also be found at the following website: www.harborsys.com/Keenan

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080

Fax Number: (703) 673-0181

Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/Keenan. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website at www.harborsys.com/Keenan.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your

own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

• **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the, "***Can I Continue Being Treated By My Doctor?***" box above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of an MPN doctor treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.