



Kings Canyon Unified School District

675 W Manning Ave ~ Reedley CA 93654

Business Office – Personnel

(559) 305-7032 / Fax: (559) 637-1186

Designation of Treating Physician

Pursuant to Labor Code Section 4600, I hereby name

_____ as my treating doctor for any on the job injury I may suffer.

This designation shall remain effective until I notify my employer of an alternative designation.

_____ - _____ - _____
Social Security Number

Date

Signature

Please Print Name

Employee is to keep a copy of this form in their records.

It is your right to select a doctor prior to injury. Failure to pre-designate a doctor may result in your employer controlling your medical treatment for up to one year.

Date Received by Business Office: _____