ON-CAMPUS TRANSFER OF CARE

Students presenting with signs & symptoms of concussion

_____ presents to the school nurse's office on _____
(Name of Athlete) (Date)

complaining of_____. Upon evaluation, this athlete does not require emergency medical referral and is therefore being referred to the athletic trainer for further evaluation. I _____, have called and spoken with the athletic trainer and he/she is on campus and available to evaluate the injury.

Parent contacted? _____Parent's recommendation_____
(Yes or No)

Additional Notes: _____

_____ _____
Nurse - Printed Name *Athletic Trainer – Printed Name*

_____ _____
Nurse – Signature *Athletic Trainer – Signature*

_____ _____
Date *Date*