



# TRANSFER OF CARE

The following protocols shall be used in all MSHSL section and state tournaments. With MSHSL or section approval the medical professionals from participating schools may assist with the medical coverage at the section or state tournament. Prior to the transfer of care, school officials and the team physician or team registered athletic trainer from a participating school must review and acknowledge the following protocols. Once the protocols are reviewed and acknowledged the school medical staff may assist with the medical care of students from that school.

School \_\_\_\_\_ Team/Individual Student Name \_\_\_\_\_

Specific injury of individual student \_\_\_\_\_

Parent (required for individual treatment only): I affirm I am the parent of the student identified above and I am indeed transferring medical care \_\_\_\_\_ Date \_\_\_\_\_

Tournament Manager \_\_\_\_\_ Date \_\_\_\_\_

Tournament Medical Staff \_\_\_\_\_ Date \_\_\_\_\_

## SCHOOL REPRESENTATIVE ACKNOWLEDGEMENTS

- We have verified the credentials of our school medical staff and have determined he or she is registered with the MN Board of Medical Practice and will be working within the legal scope of his or her medical education, training and licensure.
- In all situations, the official MSHSL medical staff will be the first responders to any injury situation.
- If there is a conflict in the management of injury, the MSHSL assigned medical staff has jurisdiction.
- A parent/relative of a participating athlete may not manage the injury or determine return to play status, but will instead retain standard parent/spectator rights.
- The final decision regarding return to play will be that of the official MSHSL medical staff.

I/we have reviewed and understand the MSHSL medical care protocols with the MSHSL official medical staff prior to the transfer of care.

School Representative \_\_\_\_\_ Date \_\_\_\_\_  
(Principal, Athletic Director, Coach)

## SCHOOL MEDICAL STAFF

- I am registered with the MN Board of Medical Practice and I will be working with the legal scope of my medical education, training and licensure.
- I have informed the MSHSL medical staff of my medical specialty.
- In all situations, the official MSHSL medical staff will be the first responders to any injury situation.
- If there is a conflict in the management of injury, the MSHSL assigned medical staff has jurisdiction.
- If I am the parent/relative of an injured participating athlete I may not take over control of injury management and will instead fall under standard parent/spectator rights.
- The final decision regarding return to play will be that of the official MSHSL medical staff.

I have reviewed and understand the MSHSL medical care protocols and I will discuss the transfer of care with the MSHSL official medical staff on site prior to the transfer of care.

School Medical Staff \_\_\_\_\_ Date \_\_\_\_\_

MN Board of Medical Practice License Number \_\_\_\_\_

Board Certification in \_\_\_\_\_