

# School Nurse Transfer Form



## School Nurse—complete this section

School Name	Date	
Student Name	DOB	Grade
School Nurse Name		
School Nurse Phone	School Nurse Fax	
Reason For Visit		
School Nurse Treatment		
Disposition		

## Student Legal Guardian—complete this section

I, [print legal guardian name] provide ConvenientMD authorization to release the patient's medical information to the school nurse's office listed on this form.

Legal Guardian's Signature \_\_\_\_\_

## ConvenientMD—complete this section

ConvenientMD Provider	Return to School Date
Date Seen	Medication Required During School (Y/N)
Diagnosis	
Treatment Plan and Disposition	

## Additional Instructions

- Entered insurance in Experity ("Free Services - Other" for free care)
- Completed form faxed to School Nurse
- Completed form uploaded to patient's chart
- Other communication \_\_\_\_\_