



Taylor High School Sports Medicine

Head Athletic Trainer: Teresa Nicolet, MEd, LAT, ATC

Assistant Athletic Trainer: Taylor Huffman, MS, LAT, ATC

Student Athletic Trainer Program Application Form

Applicant Information:

NAME: _____

GRADE: _____

ID NUMBER: _____

PHONE NUMBER: _____

EMAIL: _____

Currently First Aid and CPR Certified? (Check yes or no) YES NO

Please list below any extracurricular activities you are currently involved in, or plan to be in this year:



Taylor High School Sports Medicine Student Athletic Trainer Program Application Form

As the Athletic Trainers for Taylor High School, we strive to provide a safe, understanding, and instructional environment for our Student Athletic Trainers (SATs). The purpose of this document is to outline the responsibilities, duties, and expectations of the students who will be participating in the Taylor High School Student Athletic Trainer Program. We are excited for your interest in the program, and look forward to helping you expand your education, learn new skills, and gain knowledge about the athletic training profession.

According to the National Athletic Trainer's Association, proper education of Students Aides, or Student Athletic Trainers, includes:

- Field set up and take down
- Hydration specialization- Filling coolers, water bottles
- Cleaning duties
- Performing inventories- Communicate with the Athletic Trainer if certain supplies is getting low
- Stocking medical kits, shelves, taping tables, etc.
- Making ice bags
- Eyes and ears-sideline recognition of an athlete struggling with heat illness, head injury, etc. to be reported to the Athletic Trainer

Additionally, Taylor High School Student Athletic Trainer responsibilities, duties, and expectations includes:

- SATs are expected to show up to athletic practices and games at the time pre-determined by the Athletic Trainer
 - SATs are responsible for communicating with the Athletic Trainer about absences, leaving early, or arriving late
- All SATs are expected to be team players, and help out others in the program as needed
 - All conflicts should be brought directly to a staff Athletic Trainer if they cannot be dealt with properly by the student
- SATs will be expected to follow Taylor ISD dress code, as well as, attire guidelines set forth by the Athletic Trainer
- SATs are encouraged to be First Aid and CPR certified, and provide a copy of their certification to the Athletic Trainer
- After proper education and approval by the Athletic Trainer, SATs may aid in:
 - Basic taping of athletic injuries
 - Basic first aid (wound care of minor injuries, wrapping, blood clean up, etc.)
 - All SATs MUST first protect themselves and practice proper use of personal protection equipment
- SATs will be at all home games, and will have the opportunity to travel to away games with permission of that sport's Head Coach and assigned Athletic Trainer

**A detailed outline of the Student Athletic Training Program can be found in the Student Athletic Training Handbook.
Found online at: ths.taylorisd.org (Athletics -> Athletic Trainers -> Student Athletic Training Program)**

Students and Parents are expected to review the handbook prior to signing below.

I have read the SAT Handbook and above information. I understand the responsibilities, duties, and expectations of me upon my admittance into the Taylor High School Student Athletic Training Program.

Student Signature

Grade

Date

I have read the SAT handbook and above information. I understand the responsibilities, duties, and expectations of my child upon their admittance into the Taylor High School Student Athletic Training Program.

Parent/Guardian Signature

Date



Applicant, please answer the following questions:

Why do you want to be in the Student Athletic Training Program?

What do you hope to gain during your time as a Student Athletic Trainer?

What sports are you interested in working with (It must be noted that not all SATs will be able to work with every sport)?

What skills, attributes, characteristics, or traits do you possess that will help you to be successful in the Student Athletic Training Program?

I, _____ agree to keep my grades up in school while in the SAT Program (education comes first, always).

Student Signature



Taylor Sports Medicine
Emergency Contact Information
(Please fill out entire form)

STUDENT INFORMATION:

Student Name _____ Grade (upcoming school year) _____
Student's Phone # _____

EMERGENCY CONTACT:

Parent or Guardian Emergency Contact #1

Name _____ Relationship to student _____
Home or Cell# _____ Work # (if different than cell) _____

Parent or Guardian Emergency Contact #2 (if applicable)

Name _____ Relationship to student _____
Home or Cell# _____ Work # (if different than cell) _____

Emergency Contact other than Parent or Guardian

Name _____ Relationship to student _____
Home or Cell# _____ Work # (if different than cell) _____

MEDICAL INFORMATION:

Insurance Company, if applicable (Write N/A if no insurance) _____
Primary Care Physician _____ Phone # _____

Do you consent for the Athletic Trainer to give your child the following over-the-counter medication?

<ul style="list-style-type: none"> • Ibuprofen • Tylenol • Advil • Benadryl • Sudafed 	<ul style="list-style-type: none"> • Mucinex • Pepto Bismol • Anti-Diarrheal • Tums • Electrolyte supplement (in the event of dehydration or heat illness)
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Yes, I give my consent (Parent signature) _____

Please list any medications you do **NOT** want your child to be given: _____

Is there any other medical information that the Athletic Trainers need to know in regards to your child?

I, _____ give my consent for this information about my child to be made available to the Coaches and Athletic Trainers in the event of an emergency AND on a need-to-know basis. In the event of an emergency, if I cannot be reached, I give consent for the TISD Athletic Trainers and/or coaching staff to seek the proper medical attention for my child.

Parent Signature

Date