



Highline Public Schools Athletics

District Athletic Trainer

Notice of Injury/Illness to Parent/Guardian

To Parent(s)/Guardian(s) Of: _____ Sport: _____ Date: _____

This notice is to inform you that your student athlete has sustained an injury or illness condition. As part of the school district clearance process for athletics, you have signed the Emergency Information and Consent for Care Form that allows me to work with your child. As a licensed and certified school district athletic trainer, I am trained to work with your child to improve his/her condition. I am also trained to refer individuals to a physician and/or specialist as needed. You also have the prerogative to have your child see a physician and/or specialist as a first step. My initial report and recommendations can be found below. **Please sign and return this form to acknowledge receipt of this information.** I will continue to work with your child as noted and keep you informed of his/her progress. Please contact me at the email and/or phone number below if you have questions or if you prefer to have your child seen by a physician and/or specialist.

If you do have your child see a physician and/or specialist please request a copy of our "Student Athlete Medical Referral and Return to Participation Form" as this form will be required before the final step of the "return to participation" process. The final step of the process is sport-specific testing by a school district athletic trainer. Students not cleared by an athletic trainer before the end of the current season must be cleared through this process prior to the next season played.

Highline Public Schools Certified Athletic Trainer

- Lara D'Orvilliers, M.ED, ATC, LAT 206-631-6787 lara.dorvilliers@highlineschools.org
- Jenn Mackenzie, MS, ATC, LAT, NREMT-B 206-631-7019 jennifer.mackenzie@highlineschools.org
- Corinne Schneider, MS, ATC, LAT 206-631-6159 corinne.schneider@highlineschools.org

DISTRICT ATHLETIC TRAINER REPORT

Nature of Injury/Illness:

Initial Assessment:

Recommended Home Care:

Recommended Treatment by Athletic Trainer:

- Rest Ice Compression Elevation Stretching Ice Bath
- Taping Rehabilitation Crutches Splinting Heat Contrast
- Other _____

PARENT SIGNATURE INDICATING RECEIPT OF INFORMATION: _____ DATE: _____

FINAL SCHOOL DISTRICT CLEARANCE BY DISTRICT AT & SIGN OFF BY AD WHO NOTIFIES COACH. STUDENT IS NOT ELIGIBLE TO RETURN UNTIL AD NOTIFIES COACH.

RESULT: _____

Date Cleared by AT: _____ AT Signature: _____ AD Signature: _____ Date: _____