

Rockwood Summit
High School
Student Athletic Training
Program

Presented by:
Jen Glazer, ATC/L

Dear Parent/Guardian,

Your child has expressed interest in becoming a student athletic trainer in the sports medicine program at Rockwood Summit High School. This program offers the unique opportunity to participate in the athletic program while acquiring knowledge in first aid, recognition, treatment, and rehabilitation of sports related injuries. The student athletic training program encourages responsibility, fosters time management skills, and provides an opportunity for enhanced personal growth.

Although this program requires a significant time commitment (approximately 5-10 hours a week) the priority for the student must be academics. We request your assistance in emphasizing this priority. Please review the STUDENT ATHLETIC TRAINER GUIDELINES and the CONFIDENTIALITY FORM with your child and then sign the permission slip at the end of this letter. If you have any questions please feel free to call at any time.

Thank you for your support.

Sincerely,

Jen Glazer, ATC/L
Rockwood Summit High School

(w) (636) 349-8060
(s) (636) 891-6818
(cell) (314) 220-7285
glazerjennifer@rockwood.k12.mo.us

I have read the guidelines and give my permission for _____ to
participate as a student athletic trainer. print student's name

Parent's signature

Date

Student Athletic Trainer Guidelines and Policies

Please read carefully and sign at the bottom

The student athletic trainer:

1. Must pass five courses to be eligible.
2. Is expected to be prompt, professional and reliable.
3. Is expected to attend athletic training clinics and workshops to improve athletic training skill.
4. Is encouraged to become certified in advanced first aid and CPR.
5. Is in grades 10, 11, or 12.
6. Will cover the training room and/or athletic team or event only with the certified athletic trainer's permission.
7. Will only use the taping and wrapping techniques approved by the athletic trainer.
8. May not begin any treatment or rehabilitation process without direct supervision or stated authority of the athletic trainer.
9. Is not allowed to diagnose athletic injuries. Evaluations should only be done with the close supervision of the certified athletic trainer.
10. Will NOT, under any circumstance, transport an injured or ill athlete.
11. Will not issue any medications, including aspirin.
12. Will ask the certified athletic trainer questions when in doubt about what they're doing.
13. Is NOT to discuss an athlete's illness or injury with anyone except involved medical personnel.
14. Student is NOT to use their cell phones for calls or texting during the hours they are with the AT, unless AT approves it.
15. Cannot participate/compete in a Rockwood Summit sport in the same season acting as a student athletic trainer.
16. Must understand that any deviation from the preceding guidelines will be approved by the certified athletic trainer.

**Eligibility for any school sponsored awards will be determined by the certified athletic trainer.

I, _____, have read and understand the stated guidelines and agree to follow them.

Student's signature

Date

CONFIDENTIALITY

I, _____, agree to adhere to the confidentiality of all medical information of any person who is seen in the athletic training room, by the certified athletic trainer, or another athletic training student. I understand that a person's health information is protected by the Health Insurance Portability and Accountability Act (HIPPA) Law of 1996. HIPPA is the national standard for protecting health information whether it is verbal, written, or in electronic form. Any information shared that is protected by HIPPA will result in immediate dismissal from the program.

Student signature

date

Parent/Guardian Signature

date

Signature of AT

date

If you have any questions regarding this confidentiality form please do not hesitate to speak with the Certified Athletic Trainer prior to signing.

**CRITERIA FOR EARNING A VARSITY LETTER
AS A STUDENT ATHLETIC TRAINER**

Student athletic trainers must achieve the following objectives to be eligible for a varsity letter award.

COMPETENCIES

You must successfully complete the skills listed on the competency checklist.

PARTICIPATION

1. You will work at least:
 - a. 3-4 days a week (3:10 - 5:30) including any assigned athletic events, when working one season
 - b. 1-2 days a week (3:10 - 5:30) including any assigned athletic events, when working two seasons
2. You will prearrange all absences and tardies with the certified athletic trainer.
3. You will work the full assigned athletic season(s) and a variety of sports within that season.
4. You will represent your high school in an appropriate manner at all contests or events.
5. You will maintain a cumulative "C" average in your classes.

COOPERATION AND ATTITUDE

1. You will cooperate with the certified athletic trainers, coaches, athletes, and other student athletic trainers at all times.
2. You will display a proper attitude towards the certified athletic trainer and other student athletic trainers at all times.
3. You will exhibit proper sportsmanship during the entire season.
4. You will conduct yourself properly in school and the community, including trips made to athletic events.
5. You must act appropriately at ALL times.
6. You will adhere to the Rockwood School District substance abuse policy.

ATHLETIC TRAINING ROOM

1. You will properly care for any and all equipment and facilities.
2. You will meet or exceed the requirements of the certified athletic trainer with regard to training room procedures.

ADDITIONAL INFORMATION

1. A Varsity letter will be awarded to those student athletic trainers who fulfill the above criteria.
2. The certified athletic trainer reserves the right to award a letter to any student athletic trainer who may not achieve all of the preceding, but, in the opinion of the head athletic trainer, makes a significant contribution to the Athletic Training program worthy of earning a Varsity letter.

EXPECTATIONS OF STUDENT ATHLETIC TRAINERS

Please read carefully and sign at the bottom

- Be present in the athletic training room at 3:10pm until 5:30pm when assigned.
- Be wearing appropriate clothing: tennis shoes, a school shirt (on game days), and shorts/pants (preferably jeans or khaki's).
- Participate in fundraising when applicable.
- Be busy the entire time.
- To not be talking or texting on cell phones while in the training room or at practices unless it is an emergency.
- Ask appropriate questions.
- Probe until you understand.
- Check on treatment and injury records, be sure all athletes in the training room have been accounted for.
- Encourage proper constructive activity at all times.
- Help teach new student athletic trainers basic skills and review.
- Help each other complete competencies whenever possible.
- Help ensure athletes understand home-care instructions.
- Make up and apply ice bags.
- Apply hydrocollator packs.
- Keep supplies stocked and organized.
- Keep training room clean.
- Practice bandaging and taping during idle time.
- Be attentive at all times.
- If you are not assigned to a game, and decide to attend as a spectator only, act responsibly.
- Act respectful and in a mature fashion at all times.
- Make friends and have fun.
- Anticipate
- Improvise
- Problem-solve
- Do what you can do so the certified athletic trainer can do what you can't do.

I, _____, have read the above expectations and agree to adhere to them at all times while working with the certified athletic trainer. I understand that not following these expectations can result in warnings that could lead to dismissal from the program.

Student Signature

Date

STUDENT ATHLETIC TRAINER INFORMATION

Name: _____ Grade: _____

Address: _____

Phone number _____ (student cell)

Birthday _____

Parent's names: _____

Home phone: _____

Work phone: (Father) _____ (Mother) _____

Cell phone: (Father) _____ (Mother) _____

E-mail address: (Father) _____ (Mother) _____

List any previous experience and training (i.e. CPR certified)

