**ATHLETIC TRAINING SERVICES STANDING ORDERS**

As the appointed team physician / school physician / designated Medical Director for \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I will serve as the supervising physician for the certified athletic trainer(s) *(listed below)* in matters concerning athletic training services, including the prevention, emergency care, evaluation, management, and rehabilitation of athletic injuries at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize the certified athletic trainer(s) to provide athletic training services to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [student-] athletes and corresponding visiting team [student-] athletes in accordance with the established Operating Protocol (below) and all injury or illness procedures and policies established by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**This Standing Order expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_.**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Physician Name & Credentials |  | Physician Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Physician’s NY Medical License # & Expiration Date |  | [Emergency] Contact Phone # |

As certified athletic trainer(s) working for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I/we agree to provide athletic training services to the [student-] athletes of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and corresponding visiting team [student-] athletes in accordance with the established Operating Protocol (below) and all injury or illness procedures and policies established by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. When employed in this role, I/we understand we are working under the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ team physician / school physician / Medical Director as indicated above.

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|  |  |  |  |  |
| Athletic Trainer Name & Credentials |  | Athletic Trainer Signature |  | Date |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| AT’s NY AT License # & Expiration Date |  | AT’s BOC (National) Certification # & Expiration Date |  | [Emergency] Contact Phone # |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Athletic Trainer Name & Credentials |  | Athletic Trainer Signature |  | Date |

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|  |  |  |  |  |
| AT’s NY AT License # & Expiration Date |  | AT’s BOC (National) Certification # & Expiration Date |  | [Emergency] Contact Phone # |

**LIABILITY INSURANCE**

Any certified athletic trainer(s) who are contracted out to provide athletic training services for \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are covered under the RSD’s general liability policy.

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|  |  |  |  |  |
| School Official Name |  | School Official Signature |  | Date |

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|  |  |  |
| School Officials Title / Position |  | [Emergency] Contact Phone # |

**OPERATING PROTOCOL FOR ATHLETIC TRAINERS**

1. This protocol concerns the Certified Athletic Trainer(s), under the supervision of the team physician / school physician / Medical Director, employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. This protocol is only in effect for the student-athletes participating in interscholastic athletics in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and visiting team [student-] athletes who sustain injury or illness while competing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ facilities or competitions.
3. The Certified Athletic Trainer(s) employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_shall follow this Operating Protocol and all injury and/or illness procedures and policies established by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. The Certified Athletic Trainer(s) shall perform all duties within the scope of practice defined by New York State Consolidated Laws, Section 8362, Article 162, and the Amendment to the Regulations of the Commissioner of Education, Certified Athletic Trainers.
5. The Certified Athletic Trainer(s) shall follow the principles of professional conduct and ethics as provided by the National Athletic Trainer's Association's Code of Ethics and the NATA Board of Certification's Standards of Professional Practice for Athletic Trainers.
6. The Certified Athletic Trainer(s) will evaluate those injuries or illnesses presented to them by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [student-] athletes as provided in Item 2 of this document.
7. The Certified Athletic Trainer(s) may initiate and administer: emergency care, treatment, and rehabilitation of injuries, as well as appropriate injury prevention strategies and/or referrals to outside medical providers as per applicable New York State law and established \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ injury/illness procedures and guidelines in the appropriate management of injury situations.
8. The Certified Athletic Trainer(s) will provide documentation of all services rendered. Proper handling and confidentiality of such records will be provided.