

Sports Medicine Club Handbook



Mission Statement

Sports Medicine Club's mission is to provide an atmosphere where students can learn and experience aspects of Sports Medicine through observation and assistance with Schaumburg's Athletic Trainers and daily in the Athletic Training Room. The goal of Sports Medicine Club is to appeal to student's interests in multiple Health Care professions and prepare students for an education or career in Health Care.

Contact Information

Schaumburg High School

Main Office	(847)-755-4600
Athletics Office	(847)-755-4770
Athletic Training Room	(847)-755-4790

Athletic Training Staff

Name	Email
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NATIONAL ATHLETIC TRAINERS' ASSOCIATION: OFFICIAL STATEMENT ON PROPER SUPERVISION OF SECONDARY SCHOOL STUDENT AIDES

Introduction: This Official Statement of the National Athletic Trainers' Association provides support and guidance to school administrators and athletic trainers in the education and supervision of secondary school students enrolled in sports medicine courses or volunteering in secondary school athletic training programs. The goal of this statement is to continue to foster a positive, safe learning environment where students benefit from the instruction and observation of qualified health care professionals.

Official Statement: The NATA recognizes that allowing secondary school students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, the BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs. Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make "return to play" decisions. Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student aides to engage in any of the following activities:

- (1) Interpreting referrals from other healthcare providers
- (2) Performing evaluations on a patient
- (3) Making decisions about treatments, procedures or activities
- (4) Planning patient care
- (5) Independently providing athletic training services during team travel

Policies & Procedures

- All students wishing to participate in the program must read this handbook and sign the commitment letter along with a parent/guardian
- Sports Medicine Club (SMC) members will formulate a schedule with the AT staff so that they can participate throughout the week
- SMC are recommended to come in for at least 6 hours a week
- Days in which a student will be late or absent, the student should communicate in person or email a staff member that they will not be there on their scheduled day
- SMC members are encouraged to participate in Schoology tasks that will be focused on weekly learning activities and ask questions regarding each topic
- Those SMC members who participate in a sport will be excused from hours during their season, but are welcome to complete hours around their sports schedule
- SMC Members are encouraged to wear a Schaumburg gear or Sports Medicine top and khaki or black pants/shorts if working events. During non-event hours, SMC members will follow the school's dress code
- Medical information within the ATR must remain confidential and is not to be shared with anyone outside of the SHS staff

Scheduling:

We try our best to accommodate multiple schedules for students in Sports Medicine Club. During the beginning of each season, we will gather information on what days will work best for each student. At that time, we will put together a schedule to follow during the schedule. We encourage students to request two days throughout the week (i.e. Monday/Wednesday or Tuesday/Thursday) and encourage all students to come in on Friday. Any scheduling questions can be addressed at the beginning of each season.

Letter to the Parents

Dear Parents/Guardian,

We would like to welcome your son/daughter to the Schaumburg Sports Medicine Club. This is an exciting opportunity for students to gain valuable experiences and provide them with an understanding of the prevention, care, and rehabilitation of athletic injuries. As a participant in this program, each student is expected to commit to a schedule that will be decided with a member of the athletic training staff and perform a variety of duties and responsibilities as described in the student handbook.

Students will be under the supervision of a Certified Athletic Trainer while participating in the program. There are no travel requirements with this club, however our staff does travel to certain events and will allow students to travel with us if they choose, but only with parental consent. All transportation will be in a District 211 vehicle.

Please read this handbook with your son/daughter and sign consent form (on next page) once you have an understanding of all student and club expectations. If you have any questions or concerns, please do not hesitate to call 847-755-4790 or email smoranski@d211.org.

Consent Form

Parent/Guardian:

I have read the student handbook and give permission for _____
to participate in the Sports Medicine Program at Schaumburg High School.

Parent Signature _____

Date _____

Student:

I have read the student handbook and agree to follow the guidelines detailed in the student handbook. As a member of the program, I will give my best effort in the classroom and during my SMC hours.

Student Signature _____

Date _____

Student email: _____