

Name:

# Legacy High School Sports Medicine Internship



Presented by:

Emily Gerrald MSc, ATC  
Legacy Sports Medicine Program

Dear Parent/Guardian,

Your child has expressed interest in becoming a sports medicine intern (SMI) at Legacy 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 sports medicine internship program encourages responsibility, fosters time management skills, and provides an opportunity for enhanced personal growth.

Although this program requires a significant time commitment the priority for the student must be academics. I request your assistance in emphasizing this priority. Please review the sports medicine internship 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,

Emily Gerrald MSc, ATC  
Legacy High School  
Office: (720)972-6801  
Cell: (404)862-9831  
[emily.gerrald@childrenscolorado.org](mailto:emily.gerrald@childrenscolorado.org)

# Athletic Training and Sports Medicine

1. Athletic Training:
  - Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. ATs work under the direction of physicians, as prescribed by state licensure statutes.
2. Sports Medicine:
  - The branch of medicine concerned with physical fitness, the underlying science of function and performance in sport and exercise, and the prevention, diagnosis and treatment of injuries or illnesses affecting the athlete.
3. Athletic Training Room Coverage:
  - Coverage will be dependent on the sporting schedules. Schedules will be available through a google spreadsheet that will have the sporting schedule with the available shifts listed. Please make sure to consistently check the schedule - there will be many changes as the sport schedules will change. Please communicate your personal changes in schedules with me or if you are having someone else cover your assigned shift.
  - Communication will be by Email (through your Adams12 email account) and through a group chat in Slack.

## THE APPLICATION PROCESS

- Candidates turn in a completed application packet, including a copy of your resume (Response to questions and self-evaluation) to Emily Gerrald in the athletic training room (G112) or the Athletic Secretary in the business window.
- Candidates get two (2) teacher recommendations to be turned in by the deadline.
- Candidates go through an interview with Emily and the current Sports Medicine Interns (if applicable).
- You must have a cumulative 2.5 grade point average.

**Please understand that there is limited space for each season, and a high demand to get into the SMI program, and therefore not all candidates are guaranteed a position in the SMI program.**

Your two (2) teacher recommendations need to be turned into the athletic trainer mail box located in the main office by the deadline as well. These recommendations should not be returned to you.

# SPORTS MEDICINE INTERNSHIP GUIDELINES AND POLICIES

Please read carefully and sign at the bottom

The Sports Medicine Intern:

1. If student receives at least two F's in a week or doesn't exceed 95% of attendance in school for a week he/she will not be eligible to participate in the SMI program for 7 days. They will have to bring up grades and attendance to return.
2. Grades will be checked weekly.
3. Is expected to be prompt, professional and reliable.
4. Is encouraged to become certified in first aid and CPR, but not required.
5. Is in grades 11 or 12.
6. Will cover the athletic training room and/or athletic team or event only with the certified athletic trainer's permission and direct supervision.
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, but not limited to: Aspirin, ibuprofen, Tylenol, or Antacids.
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. Must understand that any deviation from the preceding guidelines must be approved by the certified athletic trainer.
15. Able to sustain a semester GPA of 2.5 or higher.
16. Be available for 2-3 coverage shifts a week with reliable transportation to and from all assigned shifts.

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have read the guidelines and give my permission for, \_\_\_\_\_  
(student's name) participate as a student athletic trainer at Legacy High School.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CONFIDENTIALITY AGREEMENT

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 SMI. 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:

ATC Signature:

Date:

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

## EXPECTATIONS OF THE SMI

- Be present in the athletic training room when assigned.
- Be wearing appropriate clothing: tennis shoes, a school shirt (on game days), and shorts/pants (preferably jeans or khakis).
- Ask appropriate questions at appropriate times.
- Probe until you understand and be willing to learn.
- Check on treatment and injury records to be sure all athletes in the training room have been accounted for.
- Encourage proper constructive activity at all times.
- Help ensure athletes understand home-care instructions.
- Make and apply ice bags.
- Keep supplies stocked and organized.
- Keep training room clean.
- Practice bandaging and taping during idle time.
- 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.
- Represent yourself and the Sports Medicine Program in an appropriate manor in and out of the classroom.
- Shifts will include after school coverage or game coverage depending on sporting schedules.
- After School coverage will be 2-3 hours approximately.
- Game shifts will begin at least 30 minutes before the start of the game and finish at the end of the game
- Lessons will be taught on different aspects of Athletic Training and Sports Medicine, including, but not limited to: Emergency Care, Evaluation Techniques, Injuries, Rehabilitation Techniques, Taping Techniques, and Scribing
- Scribe for the AT that is present, writing down only what they tell you to or what you see being performed.
- Don't be a knuckle-head

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:

# **SPORTS MEDICINE INTERN CONFIDENTIALITY AND PROFESSIONALISM AGREEMENT**

I, \_\_\_\_\_, understand that in the healthcare setting it is important to act as a professional. Therefore, in acting as a professional, I will not disclose any information regarding athletic injuries, treatments, participation status, and rehabilitation of any athlete. I realize that I will see various athletes and learn about their healthcare status, but will keep all information to myself. If I have questions, I will ask the Athletic Trainer at the appropriate time. At any time if the Athletic Trainer becomes aware that I am responsible for information leaking out to the student body, I understand that I will no longer be able to complete the required hours and possibly be dismissed from the SMI program.

I also understand that I will act in a professional manner when performing while volunteering as a SMI in the Athletic Training Room. This includes appropriate language, attire, and behavior. I realize that I am learning and will not perform any tasks in the Athletic Training Room or to the student-athletes unless asked by the Athletic Trainer.

Most importantly, I realize that I am here to learn and that it is my responsibility to ask questions to learn as much as possible!

Student Name:

Student Signature:

Parent Name:

Parent Signature:

Date:

# STUDENT SELF EVALUATION

0 none, 1 poor, 2 fair, 3 good, 4 very good, 5 excellent

1. I arrive to class on time.
2. I am courteous, considerate, and tolerant of others.
3. I can be trusted to thoroughly complete tasks.
4. I respect and respond appropriately to authority.
5. I exhibit a positive attitude towards all work.
6. I accept leadership responsibilities on a team.
7. I value team members and their opinions.
8. I have excellent communication skills.
9. I complete quality work.
10. I complete work on or ahead of schedule.
11. I take the initiative to do things without being asked.
12. I "keep going" when assigned even a difficult task.
13. I demonstrate appropriate conduct/behavior in class.
14. I demonstrate appropriate conduct/behavior outside of class.
15. I communicate well with others.
16. I handle conflict constructively.
17. I do well under pressure.
18. I pay attention to detail.

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
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0	1	2	3	4	5

19. Why do you want to do the Sports Medicine Internship?

20. What are your goals after you graduate high school? Have you determined a career path? If so, what?

21. What is your typical role within a team? What do you contribute to the team?



22. What after school activities or sports are you planning to participate in? (Club sports included)

# TEACHER RECOMMENDATION FOR LHS SMI PROGRAM

Teacher Name: \_\_\_\_\_

\_\_\_\_\_ (student name) has applied for a position in the Legacy High School SMI Program and would like a reference from you. Please take a few moments to answer the questions below and return this form to Athletic Trainer’s mailbox located in the main office. Applicants will not see this recommendation form. Thank you for your honest input.

Please rank the student in the following areas: 0 none, 1 poor, 2 fair, 3 good, 4 very good, 5 excellent.

1. Arrives to class on time
2. Self-motivated
3. Ability to work independently
4. Positive and enthusiastic attitude
5. Active participation in class discussion
6. Attention to detail
7. Classroom behavior
8. Ability to accept constructive criticism
9. Follows instructions

0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

10. Please describe this student’s time management skills in class.
11. Does this student work cooperatively with peers and teachers?
12. Does this student have good leadership qualities and are they a good leader/role model for their peers? Please describe.
13. Why would this student be a great addition to Legacy’s Athletic Training Student Intern Program? (Please explain)
14. What concerns (if any) do you have regarding this student’s leadership abilities? (Please explain)

Signature:

Date:

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0	1	2	3	4	5
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