WIAA SCHOOL ATHLETIC TRAINER/PHYSICIAN FORM

RETURN TO TOURNAMENT MANAGER

This information confirms the responsible individual(s) in the event of an injury to a participant. **EACH TEAM MAY BE ALLOWED ONE TRAINER OR DOCTOR.**

State Championship Event: _____

Date(s): _____

Name of High School: _____

Name of Head Coach: _____

Name of Athletic Trainer: _____

Is Athletic Trainer NATA Certified? ☐ Yes ☐ No

OR Name of Student Medical Support: _____

OR Name of Team Physician: _____

Will this physician be on your bench? ☐ Yes ☐ No

In the event that an athlete needs medical attention on the court/field or in the locker room, the WIAA Tournament Medical Personnel will make the initial assessment and then will turn the athlete over to the designated school trainer/or physician. However, the decision determining whether an injured participant may "return to play" shall be made by the WIAA Tournament Medical Personnel and may not be overturned by a coach, official, parent, another physician or any other person.

If an injured participant has a team physician present, consultation between the Tournament Manager and Team Physician is expected when time permits, prior to the decision.

Please list any special needs or concerns regarding your student-athletes which may be helpful or pertinent in any emergency situation (i.e., diabetic, epileptic, etc.):

_____

_____

_____

Principal/Designee Name (Printed): _____

Principal/Designee Signature: _____ **Date:** _____