

Pennsylvania State Athletic Conference

VISITING TEAM ATHLETIC TRAINING SERVICES FORM

TO THE HOST ATHLETIC TRAINER:

Please provide the following taping and/or treatment indicated below to the visiting athlete presenting this form.

Host University: _____ Sport: _____

Athlete's Name: _____ Contest Date(s): _____

Body Area: Right / Left / Both _____

Treatment (please circle): Cold Pack Cold WP Ice Cup Warm WP Hot Pack

Taping Instructions: _____

Certified Athletic Trainer

Name (Print): _____

Signature: _____

Phone #:() - _____

Last updated 2/05
Psac/psac visiting tx form.doc

VISITING TEAM ATHLETE TREATMENT/TAPING FORM

TO THE HOST ATHLETIC TRAINER:

Please provide the following taping and/or treatment indicated below to the visiting athlete presenting this form.

Host University: _____ Sport: _____

Athlete's Name: _____ Contest Date(s): _____

Body Area: Right / Left / Both _____

Taping Instructions: _____

Certified Athletic Trainer

Physician

Name (Print): _____

Name (Print): _____

Signature: _____

Signature: _____

Phone #:() - _____

Phone #:() - _____