

MISSOURI ATHLETIC TRAINER FUNCTIONAL PROTOCOL

Athletic Trainer

Name of Organization or Employer

I, _____ MD/DO license number _____ as
team/consulting physician, hereby authorize the athletic trainer named above to act on my behalf during my
absence. Such authority shall include the following area(s) I have initialed:

_____ Evaluation

_____ Emergency Care

_____ First aid and treatment

_____ Transportation and evacuation

_____ Preventative and protective measures

_____ Muscle and joint testing and evaluation

_____ Administration of rehabilitation programs

_____ Supervision of conditioning programs

_____ Application of compression wraps, casts, splints, appliances and devices

_____ Application of physical modalities, such as heat, cold, air, waters, electricity, sound, and light

_____ Educate and counsel on health care information

_____ *In addition, I authorize the following:* _____

Athletic Trainer's Signature

Date

Team/Consulting Physician's Signature

Date