

APPENDIX A  
NAIA NATIONAL CHAMPIONSHIP MEDICAL STAFF INFORMATION SHEET

**Coaches:** Please forward this form to your head athletic trainer. Please bring this form to the coaches meeting at the national Championship and forward to the Event Administrator at the NAIA before you leave for the Championship.

In addition to basic athletic training supplies, the athletic training room will be equipped with ultrasound, electric stimulation, hydro collator and hot and cold whirlpools.

TEAM:	
HEAD COACH:	

Do you have a team physician with you?       YES       NO

Physician's name:	
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Do you have a certified athletic trainer with you?       YES       NO

Athletic trainer's name:	
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Do you have a student trainer with you?       YES       NO

Student trainer's name:	
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Do you have any athletes with a medical condition we need to be aware of before the tournament starts?  
 YES       NO

If yes, please state athlete(s) and condition(s):

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Do you have any athletes on regular medication that we need to be aware of before the tournament starts?  
 YES       NO

If yes, please state athlete(s) and medication(s):

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