

Illinois State University
Athletic Training Education Program
Travel Informed Consent

I hereby agree to accept clinical assignments through the Clinical Instruction Practicum at Illinois State University, and I agree to the following terms:

I understand that this agreement may involve travel to off-campus clinical sites. I understand that acceptance of this off-campus assignment is optional and that the responsibilities to travel to the site are my own. I hereby give my informed consent and agree to release and hold harmless Illinois State University, its trustees, officers, and employees for any liability for any travel-related incidents. Such incidents include but are not limited to accidents, moving violations, parking tickets, or automobile insurance premium increases or policy cancellation from any other losses, claims, damages, or injuries incurred as a part of travel to and from the clinical site. Further, I am solely responsible for transportation to and from the off campus sites that may include bus fare or ride sharing.

I understand that I am never obligated to transport athletes (injured or uninjured) in my personal vehicle or otherwise use my personal vehicle in the performance of my clinical responsibilities. I acknowledge that I assume responsibility for events should I choose to use my personal vehicle. This practice is strongly discouraged by the athletic training education program director.

By signing below, I hereby accept full responsibility for program-related travel.

Please Print Name

Signature

Date

Illinois State University

Athletic Training Education Program

Release of Information Informed Consent

I give my consent to release in writing or verbally, any information regarding my performance as an athletic training student among the clinical instructors, supervisors, advisors, and faculty of the Illinois State University Athletic Training Education Program. I understand that no information can be released without this signed consent. This consent form is valid from the date signed until consent is withdrawn in writing.

Please Print Name

Signature

Date

Illinois State University

Athletic Training Education Program

Approved Clinical Hours Informed Consent

I understand that only clinical hours completed at Illinois State University or a site approved by the program are acceptable and only such hours will be endorsed by the Program Director/Clinical Education Coordinator. The program has a total clinical hours requirement of 1200 hours. A minimum of 800 approved hours must be completed during the five regular semesters of the program during which I take practicum courses. Hours during my internship count toward the 1200 total hour requirement.

By signing this document, I hereby acknowledge that I have read this policy and have had all questions regarding clinical hours answered to my satisfaction. I agree to follow the policies and procedures of the athletic training education program including policies related to clinical hours.

Student Printed Name: _____

Student Signature

Date

Illinois State University
Athletic Training Education Program
Handbook Informed Consent

I hereby attest my understanding that the Illinois State University Athletic Training Education Program Handbook is an on-line document located at the following address: http://kinrec.illinoisstate.edu/downloads/ATEPHandbook_14-15.pdf. I agree to abide by the Handbook and further understand that this Handbook may be revised. I acknowledge my responsibility to review the Handbook prior to beginning each semester so that I may learn of recent revisions. I understand that revisions will be posted on the internet for my review and furthermore, I am subject to adhere to any verbal or revised written policies and procedures that are communicated to me by a program faculty or staff member. Failure to adhere to any and all verbal or written policies and procedures will result in disciplinary action that may include a reprimand, suspension, or dismissal from the athletic training education program at Illinois State University.

Student Printed Name: _____

Student Signature

Date