



LCPS Substitute Athletic Trainer Plan

High School:	
Athletic Trainer Name and Number:	
AD Name and Number	
Assistant AD Name and Number	
Time to arrive at school IF SPORTING EVENTS START EARLY (if not assume arrival BEFORE 4pm)	
Parking Location	
Location of Gator/Kubota/Cart (Is key already in the vehicle?)	
Set of keys available for Sub?	
Location of AT Kit you can use and is it accessible or do I need a key?	
Location of radio (IF YOU USE ONE at your school)	
Location of your AED, Rectal Thermometer, Oxygen, Pulse Ox, etc.	
Location and key for additional AED if it is at a specific neutral site outside	
Location of Epipens	
Location of EAP	
Location of Emergency Care Cards	
Who fills up coolers of water for practice? If YOU do, where do you fill them up and are they labeled? Do you deliver and pick-up coolers at the end of practice/game?	

Fall Team	Practice/Game Location	Practice or Game Start/End Time
Varsity Football		
JV Football		
Freshman Football		
Volleyball		
Field Hockey		
Cheerleading		
Cross Country		

Winter Teams	Practice/Game Location	Practice or Game Start/End Time
Boys Basketball		
Girls Basketball		
Wrestling		
Indoor Track		
Cheerleading		

Spring Teams	Practice/Game Location	Practice or Game Start/End Time
Boys Lacrosse		
Girls Lacrosse		
Boys Soccer		
Girls Soccer		
Track and Field		
Baseball		
Softball		

Fall Team	Head Coach	Contact Info
Varsity Football		
JV Football		
Freshman Football		
Volleyball		
Field Hockey		
Cheerleading		
Cross Country		

Winter Team	Head Coach	Contact Info
Boys Basketball		
Girls Basketball		
Wrestling		
Indoor Track		
Cheerleading		

Spring Team	Head Coach	Contact Info
Boys Lacrosse		
Girls Lacrosse		
Boys Soccer		
Girls Soccer		
Track and Field		
Baseball		
Softball		