



EMPLOYEE NAME: _____

Revised: 7/87; 6/92; 1/94; 2/94; 12/94; 5/95; 11/96; 2/91; 3/01; 10/12; 6/18

JOB DESCRIPTION

POSITION TITLE: Athletic Trainer	JOB CODE: S857
DIVISION: Leadership	SALARY SCHEDULE: Athletic Supplement
DEPARTMENT: Leadership	WORK DAYS: 43 weeks
REPORTS TO: Principal	PAY GRADE: CIT (4, 5, 6, or 7)
FLSA: Exempt	PAY FREQUENCY: Monthly
PRIMARY FUNCTION: To assist the athletic program in injury prevention and injury treatment, working closely with team physician.	

REQUIREMENTS:

1. Educational Level: Bachelor Degree
2. Certification/License Required: Valid Georgia Teacher Certificate, NATA Certificate or Georgia Athletic Trainers License
3. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
4. Knowledge, Skills, & Abilities: Written and oral communication.

The Board of Education and the Superintendent may accept alternatives to some of the above requirements.

ESSENTIAL DUTIES:

1. Demonstrates prompt and regular attendance.
2. Provides emergency care of an athletic injury; performs tests and measurements as an aid in the evaluation of an athletic injury; applies physical modalities for the effective rehabilitation of an athletic injury.
3. Administers training room operating budget; responsible for purchase of all training room materials; supervises activity in the training room, responsible for security of the training room.
4. Establishes and maintains medical records of athletic participants; maintains and monitors files to be certain that all necessary forms have been submitted by an athlete prior to participation with any athletic team.
5. Travels and attends practices and contests as necessary.
6. Supervises, recruits and educates student trainers responsible for support of athletic activities.
7. Upholds and adheres to all laws, rules and regulations regarding the practice of athletic trainers in the State of Georgia.
8. Recommends and approves items which are placed on the county first-aid bid.
9. Performs other duties as assigned by appropriate administrator.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____