



Pennsylvania State Athletic Conference

Visiting Team Athletic Training Services Form



To the KU Athletic Trainers:

If possible, please provide the following taping and/or treatment indicated to the visiting student athlete listed below.

Reminder: KU LATs will NOT provide electrical based modalities unless a certified/licensed Athletic Trainer accompanies the team.

Visiting University: _____ Sport: _____ Contest Date: _____

NAME	BODY PART	TAPING/TREATMENT

Thank you in advance for providing athletic training services to the _____ student athletes.

Name (Print): _____

Signature: _____

Cell Phone #:() - _____