



## BUFFALO GROVE HIGH SCHOOL ATHLETIC TRAINING PROGRAM

1100 W. Dundee Rd.  
Buffalo Grove, IL. 60089  
PHONE: 847-718-4167

FAX: 847-718-4122

Kelly Stone, ATC  
Tom Sullivan, ATC  
Lexi Faklaris, ATC



RE: \_\_\_\_\_

DATE: \_\_\_\_\_

DEAR DR. \_\_\_\_\_

This student is an athlete competing at Buffalo Grove High School. He/she received an injury to his/her \_\_\_\_\_  
on \_\_\_\_/\_\_\_\_/\_\_\_\_ while participating in \_\_\_\_\_. We request that you examine this individual and suggest  
appropriate treatment. Please report your findings and return this form with the athlete. Your comments and suggestions are  
appreciated.

Sincerely,

Kelly Stone, ATC  
Athletic Trainer Supervisor  
847-718-4167  
kelly.stone@d214.org

Tom Sullivan, ATC  
Assistant Athletic Trainer  
thomas.sullivan@d214.org

Lexi Faklaris, ATC  
Assistant Athletic Trainer  
Alexis.Faklaris@athletico.com

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Physician's Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following modalities or exercise activities are available in our Training Room. Please check items that you feel would best benefit this student if he/she should be put on a reconditioning program.

- ☐ Ice
- ☐ Hot Whirlpool
- ☐ Moist Hot Pack
- ☐ Ankle/Foot Program
- ☐ Hip Program
- ☐ Elbow Program
- ☐ Progressive Resistance Program
- ☐ Ultrasound
- ☐ Muscle Stim

- ☐ Cold Whirlpool
- ☐ Contrast Bath
- ☐ Flexibility/Stretching
- ☐ Knee Program
- ☐ Shoulder Program
- ☐ Wrist/Hand Program
- ☐ Strength Training (Weight Rm.)
- ☐ General Conditioning
- ☐ Athletic Trainers Discretion

May the student participate in Athletics? Yes ☐ No ☐

Time recommended away from activity. \_\_\_\_\_

May the student participate in Physical Education? Yes ☐ No ☐

Time recommended away from activity. \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Phone \_\_\_\_\_