



Waverly-Shell Rock Parents and Student-Athletes:

We are committed to providing the best possible healthcare for our student-athletes while participating in extracurricular activities at Waverly-Shell Rock High School. In doing so, we will begin using a new electronic medical record (EMR) system called ***Core-AT***, which has been developed by the ***Athletic Training-Practice Based Research Network (AT-PBRN)*** to track injury exposures, athletic-related injuries, rehabilitation progression, and much more. The AT-PBRN was launched in 2009 by A.T. Still University and is the first and only practice-based research network in athletic training. The Core-AT EMR is compliant with data acquisition, storage, and transmission standards set forth by the Health Insurance Portability and Accountability Act (HIPAA).

We are asking you to take 5 minutes to create a profile for your son(s) and/or daughter(s) so we can more efficiently maintain medical records for them during their time here at Waverly-Shell Rock High School. The following step-by-step instructions are provided for you to do so efficiently. If you have questions about these steps, this system, or anything related, please be sure to contact me directly.

Thank you for your cooperation in helping us maintain your son's and daughter's health as our number one priority!

A handwritten signature in black ink, appearing to read "Destry Sperfslage" with "ATC/L, CSCS" written below it.

Destry Sperfslage, ATC/L, CSCS
Athletic Trainer
Waverly-Shell Rock High School
Taylor Physical Therapy
destry.sperfslage@wsr.k12.ia.us

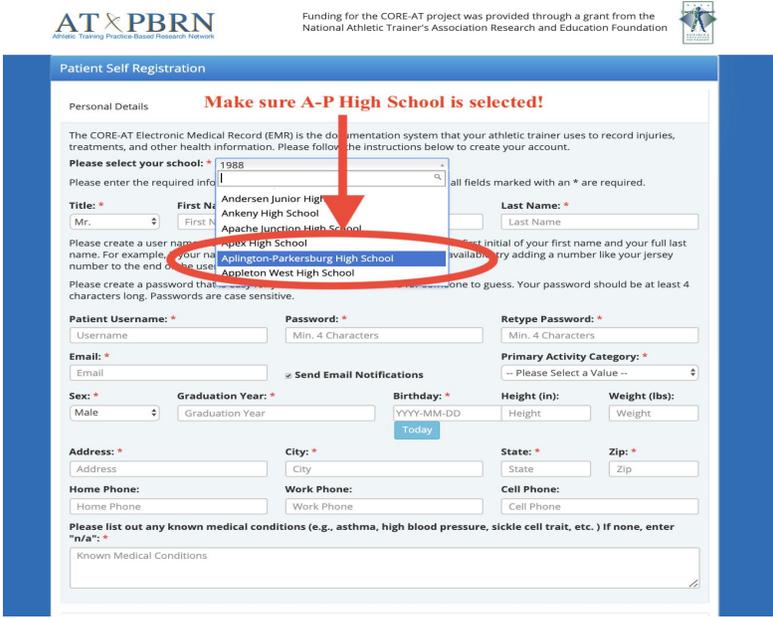
INSTRUCTIONS

- 1) Go to www.core-at.com
- 2) Once at the screen shown on the right, click on the “CREATE ACCOUNT” tab.

EXAMPLE



- 3) Your screen should now look like the one to the right. Complete ALL fields with a RED ASTERISK by it. Complete the forms as your son or daughter.
 - * PLEASE make sure you select **Waverly-Shell Rock High School** from the first dropdown menu or else it will not be correct.
- 4) None of the Parent/Guardian information has an asterisk by it. However, if you could please enter at least one parent/guardian's information that would be helpful.
- 5) For the Primary Care Physician category, just the name of your PCP would be appreciated.



6) Once this form is complete, click SUBMIT and you are done.

THANK YOU for taking the time to register into Core-AT!

Guardian #1

Title: Mr. ▾	First Name: First Name	Initial: Initial	Last Name: Last Name	
Address: Address		City: City	State: State	Zip: Zip
Home Phone: Home Phone		Work Phone: Work Phone	Cell Phone: Cell Phone	
Relationship: Relationship				

Secondary Guardian or Emergency Contact

Title: Mr. ▾	First Name: First Name	Initial: Initial	Last Name: Last Name	
Address: Address		City: City	State: State	Zip: Zip
Home Phone: Home Phone		Work Phone: Work Phone	Cell Phone: Cell Phone	
Relationship: Relationship				

Primary Care Physician

First Name: First Name	Initial: Initial	Last Name: Last Name		
Address: Address		City: City	State: State	Zip: Zip
Phone: Phone				

SUBMIT ← Once entire form is complete, click SUBMIT