Student:			Team Assignment:		
Day/ Week	Nature of duties	Time In/ Out	Daily Total	Notes Notes on specific injuries or situations that you observed.	
Monday				stedations that you observed.	
Tuesday					
Wednesday					
Thursday					
Friday / /					
Saturday					
		Weekly Total	=		
I certify	y that the above record o	of hours is corr	ect and a	ecurate.	
Student's Signature		Da	Date		
ATC Signature		 Date			