



INCIDENT / INJURY REPORT

Directions:

- Complete the form as thoroughly as possible.
- Call the parent if they were not present.
- Turn in the form to the designated Altius representative (Jane)

Date of Incident/Injury: _____ Time: _____ Reported by: _____

INDIVIDUAL: Gymnast: Coach: Spectator: Other: _____

Name: _____ Age: _____ Gender: _____

In JackRabbit system: YES: NO: Phone: _____ Parent name: _____

If not in system: Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Parent name: _____

INCIDENT / INJURY: Location or event: _____

Activity, apparatus or equipment involved: _____

Description of incident or injury, including body part involved (no diagnosis):

(If needed use back for witness name or additional information.)

Action taken, including first aid or other treatment:

FOLLOW UP: Person completing follow up: _____ Date of contact: _____

Summary of information received:

Doctor visit: (date) _____

Diagnosis: _____

Expected duration of recovery: _____

Out of practice and no fee until: _____

Parent comments: _____

Other notes: _____

Noted in JR personal account: _____ Email to coach with update: _____

Additional calls or emails: (dates and summaries) _____

Insurance claim submitted: (date) _____