



TEAM INJURY FORM

ALTIUS POLICY:

Competition Team Members: Tuition credit from day of injury if injury occurred at Altius. Tuition credit from day of notice if injury occurred outside of Altius. A strength or partial workout plan may be presented with a doctor or physical therapist’s approval. No fee is charged for partial workouts. Parents are asked to call Altius weekly with recovery updates.

Return to Activity Report: A Return to Activity form should be submitted as soon as the doctor or physical therapist indicates that the injury has healed, or as the parent determines is appropriate.



Student Name: _____ Date of Injury: _____

Location of Injury: On-Site at Altius At Another Location

Describe Injured Body Part: _____

Event that Injury Occurred On: _____

Brief Description of What Happened:

Doctor Diagnosis: _____

Expected Duration of Recovery: _____

Report Submitted By: _____ Date: _____

Parent Contact Information- Phone: _____ Email: _____



OFFICE USE ONLY

Attach Doctor or Therapist Injury Report

Student Last Name: _____ First Name: _____

Date Received: _____ By: _____

Injury Status Noted In Memo Tab (Date & Brief Description): _____ Injury Credit Noted In Transactions: _____

Coach Notified In Writing Of Athlete Status: _____ Weekly Updates Noted In Memo: _____

Notes:

Doctor or P.T. Release: _____ (date) _____ (initial)