

# INJURY REPORT FORM

— SUMMIT ATHLETIX

## ATHLETE INFO

NAME

AGE

DATE OF MISHAP

## LOCATION OF EVENT

INSIDE BUILDING

SPECIFIC LOCATION OF INCIDENT

OUTSIDE BUILDING

PLEASE LIST ANY OTHER FACILITY, EQUIPMENT OR ENVIRONMENTAL FACTORS THAT CONTRIBUTED

NAME OF ANYONE ELSE WHO WITNESSED THE INCIDENT

## ABOUT THE INJURY

INJURY TYPE

INJURY LOCATION (ON BODY)

DESCRIBE HOW THE INJURY OCCURED

WHERE WAS THE ATHLETE TREATED FOR THE INJURY?

AT THE GYM, AT HOME, TAKEN TO ER, DR APPT SCHEDULED FOR NON EMERGENCY INJURY

## AUTHORIZATIONS AND NOTIFICATIONS

NAME OF PERSON COMPLETING THIS FORM

NAME OF MANAGER / OWNER NOTIFIED

\_\_\_\_\_  
SIGNATURE OF AUTHOR

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DATE OF SUBMISSION