



Gymnastics
South Australia

GYMNASTICS SA

ACCIDENT/INCIDENT/INJURY REPORT FORM

Competition: _____ Place: _____.

NAME: _____ Competitor No: _____ Nation: _____
(optional) (optional) (optional)

SUPERVISING COACH/INSTRUCTOR _____

SEX: M F AGE: _____ years. DATE / / 200 TIME: : hrs. (24 hr clock)

MAG WAG RG TRP AERO ACRO GG KG
LEVEL Beginner Intermediate Advanced

1. ACCIDENT CIRCUMSTANCES: Training Pre-Competition Competition

2. APPARATUS: Vault U/Bars Beam Floor P/Horse Rings
P/Bars H/Bar Clubs Hoop Ball Rope Ribbon
Tramp Minitramp T/track Other Specify _____

Running Mount During Routine Dismount Leaving Podium
Other Specify _____

Description of events (describe tasks being performed & sequence of events) _____

Name of Witness: (if applicable) _____

POTENTIAL FOR REOCCURRENCE Low Medium High Extreme

3. TIME IN SESSION: Start General W/up Apparatus W/up 1st few minutes
1st hour 2nd hour 3rd hour Rotation (e.g. 1st,etc) _____

4. REASON: Loss of Balance Gymnast Error Slipped Lost Grip Fall
Struck Apparatus Apparatus Break Other Specify _____

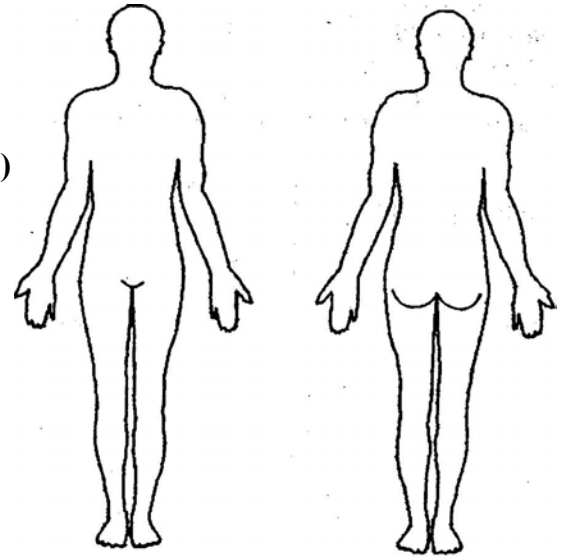
5. AREA IN GYM ACCIDENT OCCURRED: _____

6. CONDITIONS: Cold Cool Comfortable
Warm Hot Humid Other _____

7. MEDICAL: Area(s) of body affected (Please locate on diagram)

Diagnosis/Type of injury _____

8. TREATMENT: Ice Packs Support Bandage
Strapping Tape Injection Oral Medication
Immobilisation Massage Physiotherapy
Other Treatment Administered _____



9. RECOMMENDED ACTION: _____

ACTION TAKEN BY PARTICIPANT: _____

10. PERSON COMPLETING FORM: NAME _____

SIGNATURE _____ POSITION _____

FORWARDED TO: _____ **ON:** ____/____/____

(Note: if a major accident occurs a copy must be handed to GSA)

Person Injured/Parent/Guardian: NAME: _____

SIGNATURE _____

11. WAS THERE A SENIOR FIRST AID OFFICER IN ATTENDANCE? Yes No

If so, please name: _____

12. FOLLOW UP ACTION _____

Undertaken by: _____

PRIVACY DISCLAIMER:

Gymnastics SA acknowledges and respects privacy of individuals. The information that is being collected on this form is for the purposes of providing and recording first aid rendered to you while at the State Training Centre.

The intended recipients of this information are the Gymnastics SA Management, insurers, and medical professionals (Ambulance Services), hospital, doctor & nurses.

You have the right to access and alter personal information concerning yourself in accordance with the Information Privacy Act 2001.

If you do not wish to have your information disclosed to a third party please tick the " OPT OUT" box below. It is important to note that if you choose to opt to not have your personal information transferred to medical professionals, your first aid treatment maybe restricted.

OPT OUT