

NYS Official's ACCIDENT REPORT FORM

Date of this report _____

Name of school official in charge _____

Official's name _____

Date of incident _____ Time of incident _____

Name of injured _____ Level of competition _____

Sport _____

Location of contest _____

Schools competing _____

Weather conditions _____

Type of suspected injury _____

Name(s) of school official(s) treating suspected injury, if any treatment was given

Description of incident _____

Name(s) and action taken by others administering to suspected injury _____

Name and address of official making this report
