

NYS OFFICIAL'S ACCIDENT REPORT FORM

Date of this report _____

Name of school official in charge _____

Assigned officials' names _____

Date of incident _____ Time of incident _____

Name of injured _____ Level of competition _____

Contested 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 _____

Action taken by school official(s) in charge _____

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

Name(s) and telephone numbers of witnesses _____

Name and address of official making this report _____

Send copies e-mail or fax to:

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KEEP A COPY FOR YOURSELF

8/2016