

NASSAU COUNTY YOUTH FOOTBALL LEAGUE

ACCIDENT REPORT

DATE: _____ TIME: _____ LOCATION: _____

NAME OF INJURED PERSON: _____ AGE: _____

ADDRESS: _____

NAME OF REPORTING MEMBER OF NCYFL: _____

INJURED PERSON IS A:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> PLAYER | <input type="checkbox"/> COACH |
| <input type="checkbox"/> STAFF | <input type="checkbox"/> CHEERLEADER |
| <input type="checkbox"/> SPECTATOR | <input type="checkbox"/> OFFICIAL |
| <input type="checkbox"/> OTHER (<i>Specify</i>) | |

BRIEF DESCRIPTION OF ACCIDENT:

**DESCRIBE NATURE OF MEDICAL ATTENTION, AND BY WHOM ADMINISTERED
(IE: FIRST AID, PARAMEDIC, PRIVATE PHYSICIAN, EMERGENCY ROOM, ETC)**

DATE REPORTED TO NCYFL: _____

NAME OF PERSON REPORTING

SIGNATURE