



Incident Report

Date: _____ Time of Incident: _____ Location: _____

Lead Coach Name: _____

Child 1 Name: _____

Other Child(ren) Names: _____

Nature of Incident (circle one) Injury Behavior Fight Other: _____

Describe the Incident: _____

Was a parent contacted? (circle one) Yes, spoke to parent Yes, no answer No

Time parent was notified: _____ Name of parent: _____

Notify Strategic Kids?: Yes No if so, time: _____ Name of SK Staff: _____

Any witnesses (explain and identify) : _____

First Aid Given: _____

Additional Actions / Comments / Information: _____

Further Action Needed: _____

Instructor Signature: _____ Date: _____



Incident Report

Colorado submit to denver@strategickids.com

California submit to orangecounty@strategickids.com

Washington submit to seattle@strategickids.com

Tennessee submit to tn@strategickids.com

All Others submit to info@strategickids.com