



## Accident/Incident Report

**School:** Montessori Seeds of Education

**Staff completing report:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_

**Location of the incident:** \_\_\_\_\_

**Person(s) involved in the incident:**

**Students/ Staff**

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**Description of the incident:**

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**Immediate action in responding to the emergency:**

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**Action taken (or required) to prevent such incidents in the future:**

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**Witness of the Incident:** \_\_\_\_\_

**Date/time of report:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_