

MIA PICCOLO MONTESSORI SCHOOL ACCIDENT/INCIDENT REPORT



INFORMATION		
Child's Name:	Age:	
Date & Time of Accident/Incident:		
Place of Accident/Incident:		
Describe Accident/Incident:		
Describe Nature of Injury:		
Witness(es) to Accident/Incident:		
What Action Was Taken?		
Was Parent/Guardian Contacted?	Time?	How?
Other Persons Contacted:		
Describe Medical Treatment/First Aid:		
Signature of Staff Completing Form	Date/Time	
Signature of Director/Person in Charge	Date/Time	
Signature of Parent/Legal Guardian	Date/Time	