



Highland Joint School District #305

112 Boulevard Ave. - PO Box 130

Craigmont, Idaho 83523-0130

Phone 208-924-5211 FAX 208-924-5614

<http://www.sd305.org>

School Accident Report Form

Incident

Date _____ Time _____

Exact Location _____

Supervisor on Duty: 1) _____ 2) _____

Please describe the incident.

Injured

Full Name _____ Age _____ Gender _____ Phone _____

Address _____

Parent/Guardian(s) _____

Parent Phone 1) _____ 2) _____

Describe Injury/Illness _____

Doctor or Treatment Facility _____
