Short-Term International Program Incident Report Form

Report Prepared By: ___________________________ Today’s Date: __________

Program Name: ______________________________________________________

Date of Incident: ___________________________ Time of Incident: ___________________________

Location of Incident: ______________________________________________________

Names of all participants involved:

Was a program leader present?  ___ Yes  ___ No
If you were not present, when and how were you informed?

Indicate the nature of the incident: (Please check all that apply)

☐ Alcohol/Drugs  ☐ Theft  ☐ Assault of Student  ☐ Behavioral

☐ Arrest of Student  ☐ Injury/Illness  ☐ Fatality  ☐ Other, please specify:

Description of the Incident:
Be as specific as possible and include all details. Attach additional sheets if necessary.

If you were not a witness, who provided this description to you? (List all names)
What actions were taken?

Telephone Log (*Document all contacts*)

<table>
<thead>
<tr>
<th>Program Leader Initials</th>
<th>Contacted</th>
<th>Date</th>
<th>Time</th>
<th>Discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were the police or legal authorities present or notified of the incident?  ___ Yes  ___ No

If yes, please provide the following information.

Case Number: ________________________________________________________

Name of Officer in Charge of Case: ______________________________________

Title: _________________________________ Phone Number: ___________________

Was the U.S. or relevant embassy notified or involved?  ___ Yes  ___ No

If yes, please provide the following information.

Name of Responsible Consular Official: _________________________________

Title: _________________________________ Phone Number: ___________________

If a police or other official incident report is available, please include a copy with this report.
Medical-Related Incidents

If a participant(s) was transported to a hospital or clinic, please provide the following information.

Name of the Facility: ________________________________________________________________
Address: _________________________________________________________________________
Phone Number: _______________________ Fax Number: _______________________

Information for All Physicians Who Examined or Treated the Patient:
Dr. __________________________ Phone Number: ___________________
Dr. __________________________ Phone Number: ___________________

Diagnosis:

Exact Names of Any Medications Prescribed (Keep all packaging/inserts)
Rx: ____________________________ Dose: ____________________________
Rx: ____________________________ Dose: ____________________________

Was the participant conscious and capable of making informed decisions about his/her medical treatment?  ___ Yes  ___ No
If the participant was incapable, who made medical decisions?

Was any follow-up care recommended?  ___ Yes  ___ No
If yes, what care was recommended?