

International Travel Study Incident Report Form

Today's Date: _____ Date of Incident: _____

Location of Incident: _____

Were you present? _____

If no, how did you learn of the incident?

Name(s) of student(s) involved:

1. Nature of Incident (medical, theft, assault, arrest, alcohol/drugs, etc.) – Describe the incident. Be as specific as possible.

2. Names of Witnesses (& contact information when available):

3. What actions did you take?

4. If student was transported to a hospital or clinic, please provide complete name of the facility, its phone and fax numbers, and address:

5. Names and phone numbers of all physicians who examined or treated the student:

6. Exact names of any medications prescribed for the student:

7. Were local police or legal authorities notified of the incident? _____ YES _____NO

Were they present at the scene? _____ YES _____ NO

If yes, attach copy of police report

8. Names and phone numbers of local responsible legal authorities in charge of the case:

9. Was the U.S or relevant embassy notified? _____YES _____NO

If yes, name and contact information of responsible consular officials notified about in this incident:

10. Dates and times of contact with SIUE Office of International Programs and/or parents:

11. Please record any additional important information on the back of this form.

Report filed by: _____
Printed Name Signature Date

Fax to SIUE Office of International Programs: +1 (618) 650-5099