

St. Cloud State University

Education Abroad Program Incident Report

Fax to Education Abroad Office at 320-308-4223 to Attn: Director

Country/Location Program Name: _____

Name of Person Completing This Report: _____

Please fill out this form as completely and legibly as possible. It is important to provide this documentation of what was known by university staff and what actions were taken by responsible university officials at the scene of the incident and thereafter. Attach any documentary evidence and extra sheets as necessary.

Fax a copy of this report to the EA Office at 320-308-4223, or scan and attach as an email, as soon as possible. Submit the complete original report and all supporting materials to the Education Abroad Office immediately upon return to the United States.

Date of Incident: _____ Location of Incident: _____

Time of Incident: _____ Were you present? ____ yes ____ no

Name of SCSU participant (s) involved:

Name of other participant(s), if known, involved:

Brief description of what happened (facts, not opinion):

If you were not a witness, who provided this description? (List all names):

If you were not present, when were you informed?

What actions did you take?

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

Names and phone numbers of all physicians who examined or treated the participant:

Dr. _____ Phone: _____

Dr. _____ Phone: _____

Exact names of any medications prescribed to the students (keep all packaging/inserts):

Rx: _____ Dose: _____

Rx: _____ Dose: _____

Rx: _____ Dose: _____

Was the participant conscious and capable of making informed judgments in his or her medical treatment? ____ yes
____ no

If the participant was not capable of making medical decisions, who made decisions?

Was any follow-up care recommended? ____ yes ____ no

Were the police or legal authorities notified of the incident or present at the scene? ____yes ____no

If yes, case number: _____

If yes, names and phone numbers of responsible legal authorities in charge of the case:

Name: _____ Title: _____

Phone: _____

Incidents need to be reported whether or not police or legal authorities were involved. University Code of Conduct violations or Affirmative Action Office (1B.1 or 1B.3) need to be reported.

Was the U.S. or relevant embassy notified? ____yes ____no

If yes, name and number of responsible consular official(s) informed of this incident:

Name: _____ Title: _____

Phone: _____ Date Informed: _____

Telephone Log (document all contacts):

Dates and times the faculty director contacted SCSU offices and/or participant's emergency contacts:

Faculty Initials:	Contacted:	Date:	Time:	Discussed
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