

Program Incident Report

Faculty-Led Group Study Abroad Kansas State University

Name of Person Completing This Report: _____

Faculty-Led Program Name: _____

Please fill out this form as completely and legibly as possible. In the event of any legal action, this form will serve as the official college record of what transpired and what actions were taken by responsible college 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 Rose Redington, Coordinator of Faculty Services, Study Abroad Program at: 785-532-6550 as soon as possible. Submit the complete original report and all supporting materials to the Coordinator of Faculty Services immediately upon return to the United States.

Date of Incident: _____ Location of Incident: _____

Time of Incident: _____ Were you present? __Yes __No

Name of K-State participant(s) involved: _____

Name of other participant(s) involved: _____

Brief description of what happened:

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(s):

Dr. _____ Phone: _____
Dr. _____ Phone: _____

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

Rx: _____ Dose: _____
 Rx: _____ Dose: _____
 Rx: _____ Dose: _____
 Rx: _____ Dose: _____

Was the participant conscious and capable of making informed judgments and his/her medical treatment? _____ Yes _____ No

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

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

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: _____ Date Informed: _____

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 that Faculty Leader or Logistics Coordinator contacted the K-State Study Abroad Program and/or participant's emergency contacts:

Faculty Initials:	Contacted:	Date:	Time:	Discussed:

Please Attach Additional Sheets as Necessary