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Center for Global Education

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)*



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What actions were taken?

Telephone Log (*Document all contacts*)

Program Leader Initials	Contacted	Date	Time	Discussed

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.



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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?