## **Incident Report**

Please fill out this form as completely as possible. In the event of any legal action this form will serve as the basic official university record of what transpired and what actions were taken by responsible university officials at the scene of the incident. Attach extra sheets as necessary and any documentary evidence. Fax a copy of your report to: 651.635.1966 as soon as possible. Submit the complete original report and all supporting materials to the Office of Off-Campus Programs upon your return to the United States.

Date of incident	Location of incident	
Time of incident	Were you present?	
Name of student involved (please	use a separate form for each student):	
Names of other students involved:		
	d:	
	you were not a witness (please list all names):	
If you were not present, when wer	re you informed?	
What actions did you take?		
	hospital or clinic, please provide complete name of the s, and address.	
	physicians who examined or treated the student  Phone:	
	Phone:	
	prescribed to the student (please keep all packaging/inserts):	
Rx:		
Rx:		
Rx:		
D <sub>w</sub> .		

_	rmed judgments about his or her medical		
If the student was not capable of making medical decisions, who made any decisions? -			
mended?			
	dent or present at the scene?ities in charge of the case:		
8	Case #:		
	Name and number of responsible		
nal student office	and/or parents:		
Date	Time		
Programs Abroad, S	pencer & Tuma, eds, NAFSA, 2002]		
	mended?  tified of the incide legal authorities and student office  Date		