

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 the 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 the May Term Director (309-556-3408) as soon as possible. Submit the complete original report and all supporting materials to the May Term Director upon your return to the United States.

Date of incident _____ **Location of incident** _____

Time of incident _____ Were you present? _____

Name of the student involved (*please use a separate form for each student*):

Names of other students involved: _____

Brief Description of what happened: _____

Who provided this description if you were not a witness (please list all names):

If you were not present, when were you informed? _____

What actions did you take? _____

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

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

Dr. _____ Phone: _____

Dr. _____ Phone: _____

(Turn over)

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

Rx: _____

Rx: _____

Rx: _____

Rx: _____

Was the student conscious and capable of making informed judgments about his or her medical treatment?

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

What, if any, follow-up care was recommended? _____

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

Names and phones numbers of responsible legal authorities in charge of the case:

_____ Case # _____

Was the U.S. or relevant embassy notified? _____ Name and number of responsible

consular officials involved in this incident: _____

Dates/Times of contact with IWU and/or parents:

Signature _____

Date _____

Time _____