

International Travel Incident Report Form

Please submit completed forms to Ken.Schafermeyer@stlcop.edu

This form should be completed and submitted to Office of International Programs in the event of any major or minor emergency. Please provide the following information listed below as completely and legibly as possible. In the event of any legal action, this form will serve as an official College record of what transpired and what actions were taken by responsible college officials.

Person Completing Form

First Name: _____ Last Name: _____ STL COP Role: _____

International Program Leader Same as above (skip to next section)

First Name: _____ Last Name: _____ Office/Dept: _____

Incident Information

Incident Date and Time: _____, _____ Incident Location: _____

Name(s) of STL COP Faculty/Staff/Student/Resident(s) Involved:

Name(s) of Others Involved (include affiliation, if known): _____

Nature of Incident: Injury/Illness Behavioral Concern Crime Alcohol/Drugs Policy/Code Violation
 Missing Member Fatality Other (specify) _____Incident Description (be specific, including details and how you learned of incident): _____

_____Incident Actions (individuals contacted, interventions/treatment, recommendations, etc.-): _____

_____Did you witness the incident? No Yes – skip to next pageHow and when were you notified: _____

Health/Medical Information

If anyone involved was transported to a hospital or clinic, provide the complete name, phone, and address of the facility: _____

Name and contact information of all physicians who examined/treated STLCOP stakeholder(s):

Name and Title/Designation	Phone Number	Email Address

Was the student capable of making informed judgments about their medical treatment? Yes No - who did? _____

Authority Information

Were the police or legal authorities notified of the incident or present at the scene? No Yes - Case #: _____

Name and contact information of all legal authorities involved in the case:

Name	Title	Phone Number	Email Address

Was the U.S. Embassy notified of the incident? No Yes - Who: _____

Completed By Signature: _____

Date: _____

International Program Leader Signature: _____

Date: _____