

Tennessee Tech University Study Abroad Incident Report

Please fill out this form to its completion. 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. Attach extra sheets as necessary and any documentary evidence. Email a copy of your report as soon as possible to the Study Abroad Office upon your return. Submit the complete original report and all supporting materials upon return. You must use a separate form for each student/faculty involved.

Date of incident: _____ Time of Incident: _____

Location of Incident: _____ Were you present? ____ yes ____ no

Name of student 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 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 student:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Rx: _____

Rx: _____

Rx: _____

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

____ Yes ____ No

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

Were the police or legal authorities notified of the incident or present at the scene? ____ Yes ____ No

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

Name: _____ Phone: _____ Case #: _____

Was the U.S. or relevant embassy notified? ____ Yes ____ No

Name and number of responsible consular official involved in this incident:

Name: _____ Phone: _____

Dates/times of contact with Tennessee Tech University Study Abroad Office and/or parents:

Faculty Leader Signature _____ Date _____ Time _____

Co-Leader Signature _____ Date _____ Time _____

STUDY ABROAD OFFICE

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