

WASHINGTON COLLEGE INCIDENT REPORT FOR FACULTY-LED PROGRAMS

Global Education Office – 409 Washington Ave. – Chestertown, MD 21620
Phone: 410-810-7100 – Email: geo@washcoll.edu

If an incident occurs on your program, please fill out this form as completely as possible. Attach extra sheets as necessary and any documentary evidence. Fax or email a copy of your report to the Office of International Programs (fax: 410-810-7100 or email: geo@washcoll.edu) as soon as possible. Submit the original report and all supporting materials to the Global Education Office upon your return.

On-campus resources to navigate incidents that arise include calling the Global Education Office (410-810-7100) during office hours and Public Safety during non-office hours (410-778-7810). Please remember that Washington College has emergency, international insurance coverage through AXA Assistance USA. Call AXA Travel Assistance if a physician/hospital referral is needed and/or a program participant has been hospitalized. The phone numbers are: 1-855-327-1414 (toll free), 1-630-694-9764 (direct), or +44 2039 015895 (UK/FOS)

Organization: Washington College
Policy Number: GLM N04964822
Assistance Provider: AXA Assistance USA, Inc.

Name of Person Completing the Form: _____

Signature, Date and Time: _____

Date of incident _____

Location of incident _____

Time of incident _____

Were you present? _____

Witness(es): _____

Please check the appropriate circles to indicate the nature of the incident:

- | | | |
|---|---|--|
| <input type="radio"/> Hospitalization | <input type="radio"/> Criminal Assault | <input type="radio"/> Disappearance |
| <input type="radio"/> Physical/Emotional Trauma | <input type="radio"/> Sexual Assault/Rape | <input type="radio"/> Natural Disaster |
| <input type="radio"/> Alcohol/Drugs | <input type="radio"/> Arrest of student | <input type="radio"/> Other, please specify: |
| <input type="radio"/> Injury/Illness | <input type="radio"/> Automobile incident | |
| <input type="radio"/> Theft | | |

Name(s) of student involved (please use a separate form for each student): _____

Brief description of what happened: _____

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

What actions did you take? _____

Were the police or legal authorities notified of the incident or present at the scene (please describe)?

Names and phone 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/names of contact with individuals involving the incident (i.e. on-the ground partners, parents, insurance, Washington College):

MEDICAL EMERGENCY ONLY:

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

Dr. _____ Phone: _____

Dr. _____ Phone: _____

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

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 the decisions? _____

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

How was payment made to the doctor/clinic/hospital?

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