

Office of Study Abroad  
WTAMU Box 60868  
Canyon, TX 79016-0001 USA  
Tel. +1 (806)651-5309 Fax +1(806)651-5274  
studyabroad@wtamu.edu



DATE: \_\_\_\_\_

### Incident Report

Please complete the following information within 48 hours of any incident involving injury to or affecting the health or safety of a participant. Please return this form to the WTAMU Office of Study Abroad.

**Program Name and Location:** \_\_\_\_\_ **Date & Time of Incident:** \_\_\_\_\_

**Name & Title of Person Completing Report:** \_\_\_\_\_

**Name(s) of Injured/Involved Participant(s):** \_\_\_\_\_

**Description of Incident (attach additional pages if necessary):**

**Were the Authorities Involved? Yes \_\_\_ No \_\_\_**

**In What Capacity?**

**Injury? Yes \_\_\_ No \_\_\_**

**Was Medical Treatment Given? Yes \_\_\_**

**If Yes, Was There a Medical Transport? Yes \_\_\_ No \_\_\_      Where?**

**Medical Treatment Declined by Participant? Yes \_\_\_ Participant Signature: \_\_\_\_\_**

**Witnesses:**

**Name:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_

**Program Leader (s):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_