

LAMAR UNIVERSITY

WAS FIRST AID ADMINISTERED? (Choose One) YES NO
If Yes, Describe in Detail

WHO ADMINISTERED FIRST AID?

Name of Administrator : _____
Phone: _____
Student ID: _____

Status (Choose One): Student Faculty/Staff Guest/Visiting Participant

EMERGENCY ASSISTANCE OBTAINED (IF NONE, LEAVE BLANK)

Faculty/ Staff Campus Police 911 LU Health Services
(409) 880-8311

WAS A PARENT OR GUARDIAN NOTIFIED? (Choose One) YES NO

Name of Parent or
Guardian: _____
Phone: _____

EMPLOYEE FILING REPORT

Name of Employee: _____
Phone: _____
Student ID: _____
Signature: _____
Date: _____

FOLLOW UP

| | | | | | |
|------------|-------|------|-------|----------|-------|
| Phone Call | _____ | Date | _____ | Initials | _____ |
| Card | _____ | Date | _____ | Initials | _____ |

ADDITIONAL COMMENTS