

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