

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**