## LAMAR UNIVERSITY

WHO ADMINISTERED Name of Administrator : Phone: Student ID:	FIRST AID?				
	Churchant	Faculty /Otaff	Cuast/Visition Dartisis and		
Status (C hoose One):	Student	Faculty/Staff	Guest	Guest/Visiting Participant	
EMERGENCY ASSISTA	ANCE OBTA INED (I	F NONE, LEAVE	BLANK)		
Faculty/ Staff	Campus Police (409) 880-8311	911	LU Health	LU Health Services	
WAS A PARENT OR G	` '	O? (Choose One)	YES	NO	
Name of Parent or Guardian:					
Phone:					
EMPLOYEE FILING RE Name of Employee:	PORT				
Phone: Student ID:					
Signature:					
Date:					
FOLLOW UP					
Phone Call	Date		Initials	5	
Card	Date		Initials	5	

ADDITIONAL COMMENTS