

**LAMAR UNIVERSITY
INTRAMURALS AND SPORT CLUBS
ACCIDENT REPORT**

Date: _____ **Facility:** _____
Time: _____ **Supervisor on duty:** _____

Name of Injured Party: _____
Phone: _____
Email: _____
Student ID: _____

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

PART OF BODY INJURED (CHOOSE ONE)

Head	Chest	Elbow:	Leg - Lower:
Eye:	Ribs	Arm - Lower:	Ankle:
Ear:	Abdomen	Wrist:	Foot:
Nose	Back	Hand:	Toes:
Mouth	Pelvis	Fingers:	Other (Explain Below)
Chin	Shoulder:	Leg - Upper:	_____
Neck	Arm - Upper:	Knee:	_____

DESCRIBE THE ACCIDENT IN DETAIL (USE BACK IF NECESSARY)

Name of Witness: _____
Phone: _____
Student ID: _____

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

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