



Department of Risk Management

Student / Visitor Injury or Incident Report

(Non-Employee / Non-Work-Related Injuries)

I. Incident Information

Status: Student Visitor

Date of Injury (MM/DD/YYYY): _____

Time of Injury: ____ AM PM _____

II. Injured Individual

Last Name: _____

First Name: _____

Middle Initial: _____

If a student, Student ID#: _____

III. Contact Information (If minor use parent's contact information)

Mailing Address: _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

IV. Medical Attention

Was medical attention required? Yes No

Did an ambulance respond? Yes No

Ambulance Company Name: _____

Was the injured person transported to a hospital? Yes No

Hospital Name: _____

V. Location of Incident

Institution: LU LIT LSCO LSCPA

Building / Street Address: _____

City: _____

State: _____

ZIP Code: _____

County: _____

VI. Incident Description

Specific Location (room, area, walkway, etc.): _____

Nature of Injury or Illness: _____

Body Part(s) Affected: _____

Cause of Injury or Illness: _____

Weather Conditions: _____

Detailed Description of Incident (attach additional pages if needed):

VII. Medical Provider (if applicable)

Physician / Medical Facility Name: _____

Address: _____

Telephone Number: _____

Was follow-up medical attention required? Yes No

VIII. Witness Information

List all witnesses to the incident. Attach additional pages if necessary.

Witness Name	Phone	Email	Relationship to Incident

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IX. Report Completed By

(If other than injured individual)

Name: _____

Title / Relationship: _____

Phone Number: _____

Email Address: _____

Date Submitted: _____

Submission Instructions

Submit this completed form to the Department of Risk Management via the appropriate institutional email below:

- riskmanagement_ehs@lamar.edu
- riskmanagement_ehs@lit.edu
- riskmanagement_ehs@lsco.edu
- riskmanagement_ehs@lamarpa.edu