



Undergraduate Student Emergency Contact Form

(This medical report is to assist in case of emergency. All information will be held in strict confidence and will be destroyed at the conclusion of your clinical placement).

University: _____

Student Name: _____

Address: _____

Contact No: _____ Mobile: _____ (Provide only if you consent to us having this information for an emergency or to provide to the wards).

Ambulance Subscription: YES NO

Emergency Contact 1: _____

Relationship: _____

Telephone Number: Home: _____ Work: _____

Mobile: _____

Emergency Contact 2: _____

Relationship: _____

Telephone Number: Home: _____ Work: _____

Mobile: _____

Do you have a current Working With Children Check: Yes No

Do you have a current Police Check: Yes No

Are all of your immunisations current? Yes No

CONSENT TO MEDICAL ATTENTION IN THE EVENT OF ACCIDENT OR ILLNESS

Any accident or illness problems will be referred to the Royal Melbourne Hospital, Parkville.

Every attempt will be made to contact your emergency contact.

For more serious cases an ambulance will always be called.

In the event of any accident or illness, I authorise the Royal Children's Hospital to seek such medical or surgical treatment which may be deemed necessary should I be unable to make decisions.

Student Signature: _____ Date: _____