

## Student Emergency Contact Form

This form is used to assist in case of an emergency. All information will be held in strict confidence and will be destroyed at the conclusion of your placement.

University: \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact 1 (Name):** \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does this contact know you are on placement? \_\_\_\_\_

**Emergency Contact 2 (Name):** \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does this contact know you are on placement? \_\_\_\_\_

**Please indicate any medical conditions *or* disabilities which may impact on your ability to undertake your placement? (eg; physical conditions, allergies etc)**

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**Are all your immunisations current?    Yes    No**

Please refer to link for further information on Immunisations:

[http://www.rch.org.au/studentorientation/2\\_preparing\\_for\\_placement/Preparing\\_for\\_placement/](http://www.rch.org.au/studentorientation/2_preparing_for_placement/Preparing_for_placement/)

## 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 contacts you have provided as above.

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 see such medical or surgical treatment which may be deemed necessary should I be unable to make decisions.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_