

APPENDIX 4



GEELONG CAMPUS

Pigdons Road
Geelong 3217
Phone: 03 522 71359
Fax: 03 522 73380

WARRNAMBOOL CAMPUS

PO BOX 423
Warrnambool 3280
Phone: 03 556 33263
Fax: 03 556 3534

BURWOOD CAMPUS

221 Burwood Highway
Burwood 3125
Phone: 03 924 43750
Fax: 03 924 43832

PROFESSIONAL EXPERIENCE EMERGENCY CONTACT FORM

Students are requested to complete this form and leave it with the School's Secretary in a confidentially marked sealed envelope on the first day of Teaching Rounds.

In a case of an emergency, the school will contact the designated person(s).

Student's name: _____

Contact Person(s) Name: _____

Contact Phone Number(s): _____

Relationship to me: _____

In case of emergency, I _____ (student teacher) give the school permission to seek medical assistance or call an ambulance as deemed necessary.

Signature: _____

Medicare Number: _____

Ambulance Subscription: _____

Please list any Allergies: _____

Important Medical Information: _____

(E.g. Asthmatic, Diabetic etc.) _____

Are you presently on Medication. _____

Please list with dosage: _____

Blood Group: _____

The above information is confidential and this form will be collected by the student teacher at the conclusion of the round.