



## Emergency Contact form

*This information is confidential and this form will be collected by the pre-service teacher at the conclusion of the placement.*

Pre-service teachers are requested to complete this form, place it in a sealed envelope and hand it to the coordinator of pre-service teachers at the school or centre where they are placed.

The envelope should be marked "Confidential" and have your name on the outside.

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

Pre-service teacher's name: \_\_\_\_\_ D.O.B. / /

Pre-service teacher's residential address: \_\_\_\_\_

Contact Person(s) Name: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Relationship to pre-service teacher: \_\_\_\_\_

In case of emergency, I \_\_\_\_\_ (pre-service 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 (Eg. Asthmatic, Diabetic etc.) \_\_\_\_\_

Are you presently on Medication? Please list with dosage: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Please send your completed Emergency Contact Form to one of the following addresses:

Burwood Students:

School of Education  
Professional Experience Office

Melbourne Burwood Campus, 221 Burwood Highway,  
Burwood, VIC 3125

Geelong Students:

School of Education  
Professional Experience Office

Geelong Waurn Ponds Campus, Locked Bag 20000, Geelong  
VIC 3220