



**UNIVERSITY of  
TASMANIA**

## Pre-Service Teacher's Professional Experience **Emergency Contact Form**

*This information is confidential and should be collected by the student at the conclusion of the placement.*

The student is requested to complete the Emergency Contact Form, place it in envelope marked confidential and hand it to the Principal or Director at the school/centre.

The student must write their name clearly on the outside of the envelope. In the case of a medical emergency, the Principal/Director or their representative will contact the designated person/s.

Student:	Student No:
Contact Person's Name:	
Contact Phone Number:	
Medicare Number:	Relationship:

**Ambulance subscription (if applicable):** \_\_\_\_\_

**Please list any allergies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical information (e.g. Asthma, Diabetes, Epilepsy):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current medication and dosage:** \_\_\_\_\_

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

In the case of a medical emergency, I (student) \_\_\_\_\_  
give permission for the school/centre to contact my emergency contact, seek medical assistance/call an ambulance as  
deemed necessary. The school/centre will also make contact with the Professional Experience Office:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_