

Student Emergency Contact Form

THE SCHOOL OF PHYSIOTHERAPY
Faculty of Medicine, Dentistry and Health Science



THE UNIVERSITY OF
MELBOURNE

To help the University assist you in the event of an emergency, The School of Physiotherapy strongly recommends that you fill out the “Student Emergency Contact Form”. Note: this is not compulsory. Information contained in this form will be treated as confidential and is subject to the *Information Privacy Act 2000, the Health Records Act 2001*.

Your details (please print clearly):

Student Name _____ ID Number _____

Address _____

Phone _____ Mobile _____

Fax _____ Email _____

Emergency contact information (please print clearly):

Name _____

Relationship to you _____

Address _____

Phone _____ Mobile _____

Fax _____ Email _____

Details of your placement (please print clearly):

Name of facility _____

Name of supervisor _____

Address _____

Phone _____ Mobile _____

Fax _____ Email _____

Dates From _____ To _____

Student Emergency Contact Form cont...

Student check off list:

- I have attended an information seminar at The School of Physiotherapy and understood the information provided.

- I have taken out appropriate travel insurance. Attach policy details.

- I have consulted Student Health/ a medical practitioner regarding possible health risks associated with travel.

- I have consulted the Risk Management Office website:
<http://www.unimelb.edu.au/rmo/travel/index.html> and read the University's Insurance website:
<http://www.unimelb.edu.au/rmo/insur/index.html>

- I have consulted the Department of Foreign Affairs and Trade (DFAT) website:
<http://www.dfat.gov.au/>

Signature: _____