

**Clinical Elective**

This form provides vital information to school/ setting and emergency response staff in the event of an emergency during your elective.

<b>Family Name</b>		<b>First Name</b>	
<b>Date of Birth</b>		<b>Blood Group</b>	
<b>Medicare Number (Local Students Only)</b>		<b>Ambulance Cover (Local Students Only)</b>	
<b>Insurance Cover</b>		<b>Any Known Allergies</b>	
<b>Address during elective</b>		<b>Contact name and phone number at home institution</b>	

<b>Emergency Contact</b>		<b>Emergency Phone</b>	
<b>Relationship</b>			

\*Only complete the below if you have an additional emergency contact in Australia during your elective.

<b>Emergency Contact (while in Australia) – only complete if different from above</b>		<b>Emergency Phone (while in Australia) – only complete if different from above</b>	
<b>Relationship</b>			

In the case of a medical emergency, I give the school/ setting permission to contact my emergency contact, seek medical assistance or call an ambulance as deemed necessary.

<b>Student Signature</b>		<b>Date</b>	
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Please sign and return a scanned copy to [ah-clinsch@unimelb.edu.au](mailto:ah-clinsch@unimelb.edu.au)