

Clinical Elective

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

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

Emergency Contact		Emergency Phone	
Relationship			

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

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

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.

Student Signature		Date	
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Please sign and return a scanned copy to ah-clinsch@unimelb.edu.au