****Emergency contact form

As a duty of care to both the school setting and the Pre-Service Teacher, it is important that the emergency contact details are provided at the commencement of each placement.

|  |
| --- |
| **To ensure that your details are kept confidential, we request that you complete this form and seal it in an envelope marked the following way:** Confidential PRE-SERVICE TEACHER’S NAME RMIT UNIVERSITY To be opened in case of an emergency |

In case of an emergency, the school setting will contact the designated person/s listed below. Please ensure that your supervising teacher site Coordinator receives this form in an envelope upon your arrival.

|  |  |
| --- | --- |
| **Pre-Service Teachers Name:** | **Date:**  |
| **Contact Person One:****Name:****Relationship:****Phone Number:** |
| **Contact Person Two:****Name:****Relationship:****Phone Number:** |

In case of an emergency, I (pre-service teacher name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the school setting where I am attending my Professional Experience Course permission to seek medical assistance or call an ambulance when necessary.

|  |
| --- |
| **Pre-service Teacher’s Signature**  |
| **Pre-service Teacher’s Medical Number**  |
| **Allergies:**  |
| **Important Medical Information:** e.g. Asthmatic, diabetic, etc.  |
| **Are you presently on any medication? \* Yes \* No** |
| **Blood group (if known):**  |

**N.B**. The above information is confidential, and this form will be collected by the Pre-Service Teacher at the

conclusion of the placement.