



Occupational Science and Therapy
School of Health and Social Development
Faculty of Health
Deakin University
Gheringhap St, Geelong
Locked Bag 20000, Geelong 3220
Phone (03) 52278366

Student Emergency Contact Form

Student Contact Details

Name:	_____	ID:	_____
Trimester Address:	_____		
	_____	Postcode:	_____
Trimester Phone:	_____ Mobile	Phone:	_____
Deakin email:	_____		
	<i>If you use an alternative email account, please ensure your Deakin email address is forwarded to this account</i>		
Home / Other Address	_____		
	_____	Postcode:	_____
Home / Other Phone:	_____		

Emergency Contact Person (1)

Name:	_____	Relationship to you:	_____
Address:	_____		
	_____	Postcode:	_____
Phone 1:	_____	Phone 2:	_____

Emergency Contact Person (2)

Name:	_____	Relationship to you:	_____
Address:	_____		
	_____	Postcode:	_____
Phone 1:	_____	Phone 2:	_____

Optional Information

Optional information	_____
regarding medical alerts:	_____

Please list the Unit code of the practice education unit you are currently undertaking:

I give permission for the School to forward this information to the Deakin Fieldwork Supervisor, Fieldwork Educator and Supervising Occupational Therapists for clinical fieldwork purposes only.

Signature:	_____	Date:	____/____/____
------------	-------	-------	----------------

Please provide a copy of this completed form to each of your Practice Educators