**Medical Information, Emergency Contact and Administration of Medications Form**

VU seeks information about your emergency contacts and medical details to ensure we respond appropriately to emergency medical situations. Information you provide on this form may need to be used by nominated VU staff to make appropriate arrangements for your care in the event of an emergency. Please return this form your coordinator.

If you are under 18 years of age\*, please have this form completed and signed by your parent/legal guardian.

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| --- | --- | --- | --- |
| **Personal Details** | | | |
| First name: |  | Surname: |  |
| Address: |  | | |
| Suburb: |  | Post code: |  |
| Email Address: |  | Contact no.: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **VU Course** | | | |
| Course title: |  | Course code: |  |
| Date of Commencement: |  | VU Campus: |  |

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| --- | --- | --- | --- |
| **Emergency Contact** (minimum 2 contacts) | | | |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Main contact number: |  | Main contact number: |  |
| Alternative contact number: |  | Alternative contact number: |  |

| **Medical Details and Consent (if space below is insufficient, please attach extra pages)** | | | |
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| Allergies(drugs/medication, food type) :  *Attach additional Information if required* | **Allergy** | **Known Reaction** | **Action Required** |
|  |  |  |
|  |  |  |
| Pre-existing illness / condition:  *Attach additional information if required* | **Illness** | **Known symptoms or likely impact while on excursion** | **Action Required** |
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