

University of Technology Sydney

FACULTY OF ARTS AND SOCIAL SCIENCES School of International Studies and Education

Student Emergency Contact Details

STODENT INFORMATION				
STUDENT NAME				
SUPERVISING TEACHER NAME				
In case of emergency	y, illness, or r	misadventure, please contac	ct:	
EMERGENCY CONTACT 1				
CONTACT NAME				
PHONE			RELATIONSHIP	
EMERGENCY CONTACT 2				
CONTACT NAME				
PHONE			RELATIONSHIP	
COMMENTS (please provide details of any medical or personal info you would wish to be shared with emergency services)				
ALLERGIES (Including allergies to medications)				
MEDICATIONS CURRENTLY TAKEN				
OTHER				

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