

EMPLOYEE AND STUDENT EMERGENCY DETAILS

This form is to record details of allergies, pre-existing medical conditions (relevant to your work at Canberra Equine Hospital) and emergency contacts. Details provided on this form are strictly confidential and are only used for your safety and emergency purposes.

For students under 18 years of age, this form is to be completed and signed by a parent/guardian.

Today's date: _____

Name: _____

Date of Birth: _____

Are you: Employee Student

If student, please indicate your training provider: _____

Contact name: _____

Contact number: _____

Who should we contact if you are involved in an accident or emergency?

1. Contact name: _____

Contact numbers: _____

Relationship: _____

2. Contact name: _____

Contact numbers: _____

Relationship: _____

Name: _____

Date: _____

Do you have any chronic illness, disease or pre-existing injury that may affect your duties for Canberra Equine Hospital? Please provide details so we can accommodate your needs:

Do you have any disabilities? (eg learning, mental, physical) Please provide details so we can accommodate your needs:

Do you have any allergies or adverse drug reactions? (eg penicillin, latex, peanut, bee sting) Please provide details:

Are there any immediate treatments you require should you have an allergic reaction or suffer an acute episode of your chronic disease? (eg Epipen, puffer)

Parent/guardian (if under 18 years):

Name: _____

Signed: _____