



Macquarie Fields High School

Illness / Misadventure Form Year 11

This form MUST be completed the day after the missed task and/or when student returns to school.

Name: _____ Parent/Carer Phone No.: _____

Course/ Subject: _____

Teacher: _____ Class: _____

Task: _____

Due Date: ____ / ____ / ____ M / T / W / T / F (Please circle)

Reason for request for consideration: _____

Student Signature: _____ Date: ____ / ____ / ____

Supporting Documentation: Yes / No e.g. Doctor's Certificate

How has the reason provided affected the completion of the task? _____

Parent Signature: _____ Date: ____ / ____ / ____

Teacher Comment: _____

Teacher Signature: _____ Date: ____ / ____ / ____

Approval: Yes / No

Explanation: _____

Stage 6 Penalty - Zero will apply for assessment tasks submitted late.

1. Substitute Task Date: ____ / ____ / ____

2. Any other information _____

Head Teacher Signature: _____ Date: ____ / ____ / ____

Completed forms need to be submitted to your assigned Deputy Principal for registration. Students are responsible for making sure that all illness/misadventure forms are submitted.



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The person completing this form must not be related to the student.

PART A Independent Evidence of Illness

Diagnosis of Medical condition : _____

Date of onset of illness : ____ / ____ / ____

Date(s) and time(s) of all consultations related to illness _____

Please describe how the student's condition/ symptoms could impede their performance in the relevant task.

Name of doctor or health care professional _____

Profession _____ Place of work _____

Address _____

Contact Number _____ Signed _____ Date ____ / ____ / ____

PART B Independent Evidence of Misadventure

Date of event causing misadventure: ____ / ____ / ____

Were you a witness to the event : Yes / No

If (No), how did you obtain the information you are providing? _____

Describe the event. _____

Name: _____ Profession : _____

Contact Number : _____ Signed : _____ Date ____ / ____ / ____