Macquarie Fields High School

Illness / Misadventure Form Year 12

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 ___ / ___ / ____