



## Macquarie Fields High School

### Illness / Misadventure Form Year 9

***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 5 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 the faculty Head Teacher for course/subject. Students are responsible for making sure that all illness/misadventure forms are submitted.**

**\*\*\*Head Teachers to record forms and decisions on the faculty register\*\*\***



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**Illness / Misadventure Form Year 9**

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_