



# JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

## Illness / Misadventure Form Years 10 – 12 APPLICATION FORM

Name		Tel #	
Course/Subject			
Teacher/Class			
Task			
Due Date		<i>please circle</i>	
		Mon	Tue Wed Thu Fri
Reason for request for consideration			
Student Signature		Date	

Supporting Documentation <i>Eg: Doctor's Certificate</i>	<i>please circle</i> Yes    No		
How has the reason provided affected the completion of the task?			
Parent Signature		Date	

Teacher Comment			
Teacher Signature		Date	

<b>Approval</b>		<i>please circle</i> Yes    No		New Submission date <i>(if applicable)</i>	
Explanation					
Assessment Review Panel Representative	Name			Date	
	Signature				



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## 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 <b>or</b> Health Care Professional		Profession	
Place of Work <b>and</b> Address		Tel #	
Signature		Date	

## PART B: Independent Evidence of Misadventure

Date of event causing misadventure		Were you a witness to the event?	<i>please circle</i> Yes      No
If <b>NO</b> , how did you obtain the information you are providing?			
What is your relationship to the student?			
Describe the event			
Name		Profession	
Signature		Tel #	
		Date	