MARGARET RIVER SENIOR HIGH SCHOOL



Independent Public Aboot

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SICKNESS AND MISADVENTURE FORM

SECTION A- Applicant details Student name: Student email:				Year: Parent email:		
SECTION B - C		cemante haina (claimed for si	ckness/misadventure.		
Date of assessment	Subject	Teacher	Practical or		Did you attend	
assessment			written		yes/no	
SECTION C mis						
If the misadvent	ture or event is i	non-medical in ı	nature, the de	etails should be recorded here by an independent witnes	ss. Any	
				below or attached		
Witness Details	_					
				may be contacted if further information is required.		
Name:			Re	elationship to applicant:		
Address:			Mo	obile		
Signed						
Section D- Med						
				edical or psychological grounds is to be considered.		
•	tioner/health pro		e: Write deta	ails below or use official stamp		
	LATED TO THE S					
Name and add	dress of hospital	/clinic/surgery:				
Telephone nur	mber:					
loortify that I ha	wa avaminad			on.		
i certily that i ha	ive examineu			on		
What is the me	dical diagnosi	s (please note t	hat the inform	nation you provide will be treated in the strictest confide	nce and vol	
				Please explain clearly how this medical condition impa		
candidate for the			арриосион	in todoo oxpianii olodiiy ileli ano illodical condidon iliipa		
		,				
(Continuing, additiona						
				ate Declaration		
	•	-		ion given on this form (and attachments) is correct.		
	•			with any person who has signed this form or attachmen	t	
•				Date		
Signature of pa	arent/guardian .			Date		