

ASET Student Identification and Health Form

Important note

This document allows for easy identification of your child in the event of an emergency or suspected breach. In an emergency, it may be the only information staff and/or medical professionals have for the care and treatment of your child. Please take the time to fill in this form and include any and all information you believe to be relevant. *If your child has a disability, chronic illness or impairment for which you wish to request Adjusted Testing Conditions or an ASET Exemption, please contact GTSU immediately. Approvals follow a formal process and require supporting evidence.*

**PLEASE AFFIX
RECENT PHOTO
OF YOUR CHILD
WHICH CLEARLY
SHOWS THEIR
FACE
HERE**

Student details	
First name	
Surname	
Date of Birth	
Gender	
Name of emergency contact	
Emergency contact phone number	
Relationship to student	
Please indicate if your child suffers/has suffered from any of the below medical conditions	
ASTHMA Y / N	
If Y provide date of last episode and treatment	
ALLERGIES Y / N	
If Y describe specific allergy/allergies, date of last episode/s, common reaction/s and treatment/s	

DIABETES Y / N

If Y provide date of last episode and treatment

EPILEPSY Y / N

If Y provide date of last episode and treatment

OTHER Y / N

If Y provide details (*diagnoses for which adjusted testing conditions are sought will need to be negotiated in advance with GTSU as an alternate testing date will be required*)

Is student bringing medication into the testing room?

(if Y please indicate medication type and reason. *Note: children needing EpiPens or any medication they are unable to self-administer will need a parent to stay onsite for the duration of testing*)

Contact details of student's regular doctor:

Name:

Contact phone number:

MEDICAL AUTHORISATION

In the event of injury or illness, I hereby authorise Department of Education staff to obtain any medical attention deemed appropriate, and I agree to accept responsibility for any costs incurred. To the best of my knowledge, my child is fit for the test and not suffering from any illnesses that may be passed on to or endanger others. I declare that the image and information provided is true and correct.

Full name of parent/carer

Signature of parent/carer

Date signed