



Arts Student identification form

This document will be used to identify your child in the test room, and in case of medical emergency.

You must attach a recent photograph of your child or they will not be admitted to the test room.

This form cannot be used to request adjusted testing conditions due to a disability, chronic illness or impairment.

ESSENTIAL

Attach a photo or printed image of your child here

It must clearly show their face

Student details	
First name	
Surname	
Date of birth	
Gender	

Emergency contacts (provide two)	
Contact name 1	
Phone number	
Contact name 2	
Phone number	

Indicate below if your child currently or has previously suffered from a medical condition

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Allergies (specify type):	
<input type="checkbox"/> Other (specify):		Is your child bringing medication into the test room? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Please attach a copy of your child's medical management plan to this form or provide details below of:

- triggers and symptoms
- medication type and use
- actions for treatment. Use the back of this page if more space is needed.

Name and phone number of child's regular doctor	
---	--

Medical authorisation			
In the event of injury or illness, I authorise Department of Education staff to obtain any necessary medical attention, and I agree to accept responsibility for any costs incurred. To the best of my knowledge, my child is fit for the test and is not suffering from any illness that may be contagious, pose a risk to others or may impact my child's test performance. I declare that the image and information provided above are true and correct.			
Full name of parent/carer			
Signature		Date	