



ASET Student Identification Form

Important note:

This document allows for easy identification of your child in the event of an emergency. In this case 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 with any and all information you believe to be relevant.

**This form is not an application or approval for Adjusted Testing Conditions based on a disability, chronic illness or impairment and cannot be used as such.*

Please attach a recent photo of your child which clearly shows their face **here**

STUDENT DETAILS	
First Name	
Surname	
Date of birth	
Gender	

EMERGENCY CONTACT	
Full Name	
Contact number	
Relationship to student	

Please indicate below if your child suffers/has suffered any of the below medical conditions

Asthma	Allergies Specify type of allergy/ies:	Diabetes	Epilepsy	Other Specify:

For any nominated conditions, give any details below that may assist in case of emergency. Include date of last episode and treatment, and common reactions if relevant. *Continue on back if needed*

Is the student bringing medication into the testing room? (circle)	Yes	No
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Indicate medication type and reason. <i>Children needing EpiPens or any medication they are unable to self-administer will need a parent to stay onsite for the duration of testing.</i>	
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Name and phone number of student's regular doctor:	
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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 above is true and correct.

Full name of parent/carer	
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Signature		Date	
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