



# Broken Hill High School

No Reward Without Effort

Principal: Mr Ross Mackay  
Garnet Street, Broken Hill NSW 2880  
Phone: 08 8088 1522  
Email: [brokenhill-h.school@det.nsw.edu.au](mailto:brokenhill-h.school@det.nsw.edu.au)  
Website: [www.brokenhill-h.schools.nsw.edu.au](http://www.brokenhill-h.schools.nsw.edu.au)

14 October 2022

Dear Parent/Carer,

10X Child Studies will be visiting Happy Day Preschool as part of the Paid Care unit. Students will have the opportunity to interact with children of various ages, which will complement their knowledge of learnt concepts throughout the course.

Details as follows:

**When:** Wednesday, 2 November, Wednesday 16 November and Wednesday, 30 November 2022.

**Where:** Happy Day Preschool, Kaolin Street.

**Time:** Periods 1 and 2.

**Transport:** Students will travel via bus to and from the venue.

**Requirements:** Students are required to wear full school uniform and appropriate footwear.

The staff member with CPR training accompanying the students is Miss Jenny Dannatt.

For any further information, please do not hesitate to contact the school on 8088 1522, during business hours.

Please complete, sign and return the permission note and medical form to Miss Jenny Dannatt **ASAP**.

Yours faithfully,

Miss Jenny Dannatt  
Classroom Teacher

Ms Toni Cowan  
Head Teacher PDHPE



**Broken Hill High School**  
**10X Child Studies – Happy Day Preschool Visit**  
**Permission Note**

I give permission for my child/ward \_\_\_\_\_ of Year \_\_\_\_\_ to attend Happy Day Preschool during periods 1 and 2 as part of the Paid Care unit on the following dates; Wednesday, 2 November, Wednesday 16 November and Wednesday, 30 November 2022.

- I have read the information issued and I hereby consent to my child/ward participating in the excursion.
- I acknowledge supervision details as outlined on the Excursion Note.
- I understand and agree that if my child/ward seriously contravenes behaviour expectations, they may have their behaviour reported back to the school and be subject to the normal school discipline guidelines.
- I understand and agree to the travel arrangements.
- I give permission for my child/ward to receive medical treatment in case of emergency.

My child/ward has the following special needs (please provide full details on the attached medical form and include any relevant details).

**Privacy Notice**

The personal information provided on this permission note will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child/ward on this excursion. The provision of this information is voluntary but your child/ward may not be eligible to attend if it is not provided. This information will be stored securely and may be amended at any time by contacting the excursion coordinator.

Signed: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to Miss Dannatt in the PD/H/PE Staffroom ASAP.**



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The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may attend the excursion detailed on the attached letter.

The information will only be used by the school in the case of an emergency. This information will be stored securely. Failure to supply this information may impede obtaining medical attention for your son / daughter as required.

## Medical Details

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Medicare No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Date of last tetanus shot:** \_\_\_\_\_

**Known Allergies including food:**

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**Other medical details of which we should be aware:**

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**Doctor Contact Details:** **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Parent/Carer Details:** **Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Emergency Contact if required:**

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Parent/Carer Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for my child/ward to take panadol if required Yes/ No