



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
Website: www.brokenhill-h.schools.nsw.edu.au

8 August 2022

Mundi Mundi Festival Tour

Dear Parent/Carer,

Students in Years 11 and 12 Music, along with musical students from the Clontarf Academy have been invited to attend a short tour of the Mundi Mundi music festival. Students will be shown around the back-stage area, the sound stage, mixing desk and general festival grounds. There will be no audience members at the festival.

Excursion details as follows:

When: Monday, 15 August 2022.

Where: Mundiville, Belmont Station, 40km drive from Broken Hill.

Time: 12:00pm – 3:28pm.

Cost: Free.

Transport: Students will be traveling via the Broken Hill Clontarf Academy Bus to and from the venue.

Requirements: School uniform, water bottle and lunch.

The staff members with CPR training accompanying the students are Mr James Nielsen and Miss Samantha Walker.

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 Mr Nielsen by **Friday, 12 August 2022.**

Yours faithfully,

Mr James Nielsen
Classroom Teacher

Mr Ross Mackay
Principal

Broken Hill High School
Mundi Mundi Festival Tour
Permission Note

I give permission for my child/ward _____ of Year _____ to attend the Mundi Mundi Festival Tour held at Mundiville, Belmont Station on Monday, 15 August 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.
- I acknowledge that this event/activity is required to be held in accordance with any current New South Wales (NSW) Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child/ward will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

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 Mr Nielsen in the TAS/CAPA Staffroom by Friday, 12 August 2022.



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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:

Other medical details of which we should be aware:

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