



# 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)

5 August 2022

Dear Parent/Carer,

Your child/ward has expressed interest in attending the South Australian Universities Open Day.

The cost of the excursion is **\$145**. Financial assistance has been secured from the school, Broken Hill High School (BHHS) P&C and BHHS Student Representative Council. **Payment must be finalised prior to departure.**

All costs include accommodation and travel. The cost does not include meals or recreational activities.

Students will be traveling via hire car (no cost incurred) driven by Ms Jodie Clarke.

Students depart from Broken Hill High School (Garnet Street) on: **Friday, 12 August 2022 at 1:00pm.**

Students return to Broken Hill High School on: **Monday, 15 August 2022 at approx. 12:00pm.**

Accommodation for students is at the YHA Adelaide, 135 Waymouth Street, Adelaide.

Students will have access to a quiet study room for Trial Higher School Certificate (HSC) study. Male and female students will be separated, and students will not be able to access the opposite gender rooms.

The staff member with CPR training accompanying the students is Ms Jodie Clarke. Students will be provided with password access to Seminar electronic notes for all lectures.

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

Please complete, sign and return the permission note, medical form and ambulance cover form to Ms Jodie Clarke **ASAP**.

Yours faithfully,

Ms Jodie Clarke  
Excursion Coordinator

Mr Ross Mackay  
Principal

## SA Universities Open Day Excursion 2022 Itinerary

Friday, 12 August 2022		
1.00pm	BHHS Minibus	Depart BHHS
Approx. 7.00pm		Arrive YHA Adelaide
7.00pm – 10.00pm	Dinner	Adelaide TBA
8.00pm – 10.00pm	Rest time/Fee time/Study time	YHA Adelaide
Saturday, 13 August 2022		
8.00am	Breakfast	
9.00am	Transfer to Flinders University	
9.00am – 3.30pm	Flinders University Open Day	Flinders University
3.30pm – 4.00pm	Transfer to YHA Adelaide	
4.00pm – 6.00pm	Free time/Study time	YHA Adelaide
6.00pm – 7.30pm	Dinner	Adelaide CBD
8.00pm – 10.00pm	Illuminate Adelaide	Adelaide Botanic Gardens
Sunday, 14 August 2022		
9.00am	Breakfast	TBA
10.00am – 1.00pm	University of SA Open Day City West and City East campuses	Uni of SA - City West and City East campuses
1.00pm – 4.00pm	University of Adelaide Open Day	Uni of Adelaide
4.00pm – 6.00pm	Rest time/Fee time/Study time	YHA Adelaide
6.30pm – 7.30pm	Dinner	TBA
8.00pm – 10.00pm	Rest time/Fee time/Study time	YHA Adelaide
Monday, 15 August 2022		
6.00am	BHHS Minibus	Depart YHA Adelaide
Approx. 7.00am/8.30am	Breakfast	Roseworthy/Burra
Approx. 12.00pm		Arrive Broken Hill HS

Items required on the excursion:

- Bag/backpack for Open Days
- Toiletries
- Pillow (optional)
- Water bottle
- Wet weather jacket or umbrella
- Clothing – including pjs, comfortable travel attire plus casual warm attire.

**Broken Hill High School**  
**SA Universities Open Day Excursion**  
**Permission Note**

I give permission for my child/ward \_\_\_\_\_ of Year 12 to attend the SA Universities Open Day held in Adelaide from the Friday, 12 August 2022 to Monday, 15 August 2022.

- I have read the information issued and I hereby consent to my child/ward participating in the excursion.
- I acknowledge the supervision details as outlined on the Excursion Note.
- I understand and agree to the travel arrangements.
- I acknowledge that payment must be finalised prior to departure.
- 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:** \_\_\_\_\_



# 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

## Broken Hill High School Medical Form

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 child/ward as required.

### General Medical Details

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Position on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have Private Health Coverage? **YES / NO**

Is your child/ward Immunisations up to date: **YES / NO**

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

Does your child/ward suffer from?

Diabetes? **YES / NO**

Epilepsy, fits or blackout? **YES / NO**

Adverse reactions to drugs? **YES / NO**

- If **yes** to any of the above please provide any relevant information:

---

---

Any Allergic reactions (such as bites, stings etc.): **YES / NO**

- If **yes**, does your child/ward carry an Epi pen: **YES / NO**

Please provide any relevant information about the Allergic reaction:

---

---

Has your child/ward suffered from any acute illness during the past four weeks? **YES / NO**

Has your child/ward been treated by any medical practitioner for an injury during the last six weeks?  
**YES / NO**

- If **yes** please state the nature of the injury:

---

---

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: \_\_\_\_\_

**Current Medication Details**

**Time and Dosage – Please specify exact time of medication**

Medication Name	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose

Regulations require that all medication must be provided in the original container/packaging. Staff Member will collect and administer all medication.

**Dietary Requirements**

Does your child/ward have any Dietary Requirements? **YES / NO**

- If **yes** please specify:

---

---

Does your child/ward have any food allergies? **YES / NO**

- If **yes**, does your child/ward carry an Epi pen: **YES / NO**

Any further information about the food Allergy:

---

---

## Asthma Details

**To be completed for any participant who suffers from Asthma.**

### Regular Asthma Medications and Management Strategies

Name	Quantities and Dosage

### Additional Medication and Management Strategies to be applied During an Attack

Name	Quantities and Dosage

The Participant must bring the above medications. These medications must be in the original packaging with the participants' name and dosage amounts and times indicated. Medications will be self-administered by the participant under the supervision of a Staff Member from the School. If this participant requires any further assistance please ensure that this is communicated below.

### Known Trigger Factors (please tick any appropriate item):

<ul style="list-style-type: none"><li>• Dust of any sort in sufficient quantities <input type="checkbox"/></li><li>• Contact with Animals <input type="checkbox"/></li><li>• Atmospheric Pollution <input type="checkbox"/></li></ul>	<ul style="list-style-type: none"><li>• Sudden Temperature changes <input type="checkbox"/></li><li>• Grass and Weed Pollens, Mould <input type="checkbox"/></li><li>• Vigorous Exercise <input type="checkbox"/></li></ul>
Other, please provide details	

Please provide other information that may be of assistance in providing medical assistance to your child/ward:

---

---

---

---

---

I have provided the following medical information about my child/ward to the best of my knowledge.

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

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



# 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)

## Dear Parents/Carers,

The school has recently become aware that reciprocal rights for Ambulance Cover for students across the states - NSW and the A.C.T are no longer in place. Previously the ambulance cover we pay for each student as a school, provided students with cover on excursions that took them outside of New South Wales. This is no longer the case.

### **We have found the following information and you would more than likely be in one of these three categories:**

1. In NSW, if you already have hospital cover, ambulance cover is provided through an ambulance levy included in your premiums (this levy is sent on your behalf to the relevant State ambulance scheme). You're covered!

2. If you have Ancillary Cover/Extras/ or stand alone ambulance, please check with your health care provider as to whether their policy has reciprocal rights across the states or is solely for NSW.

3. If you are the holder of a concession card, you will not be charged for ambulance services in NSW.

Concession card holders include Pension Cards, Health Care Concession Cards or Seniors Health Concession. The eligibility for ambulance cover for Veteran Affairs Concession card holders is individually determined. Please be aware that Concession cards do not cover the cost of transporting a patient to be closer to home. If your child is hospitalised interstate, the cost of transport by ambulance back home, under concession card cover, will be the responsibility of the family.

### **However:-**

If you do not have hospital cover, separate ambulance cover, or one of the nominated concession cards, **you are not covered and will be liable for all ambulance costs should this service be required for your child on an excursion travelling outside of NSW.** Medicare does not cover Ambulance Transport.

**Please indicate on the Ambulance Cover Information sheet which of these categories your child will be in, so that we are informed and prepared.**

**Of course we are hopeful that these arrangements will not have to be used, but we need to be prepared in any case.**

**AMBULANCE COVER INFORMATION**  
**Please return this to school as soon as possible.**

STUDENT

NAME:..... CLASS:.....

Date of Birth:..... Medicare Number:.....

I have read the attached letter regarding the inability of the school and the Department of Education to provide ambulance cover for students **on interstate excursions**.

Each family is asked to provide the following information, as applicable to the circumstances which relate to your household.

My child is covered for Interstate Ambulance use under our private Hospital/Ancillary Cover/Extras/Ambulance Insurance.

Health Fund :.....

Policy Number:.....

OR

There is no ambulance cover. I understand that I will be responsible for the cost of ambulance transport for my child should it be deemed necessary by the supervising teacher to arrange for such a service.

**I hereby give permission for the supervising teacher on the excursion, to utilise the ambulance service in that state, should it be deemed necessary for the health and wellbeing of my child.**

Signed:Parent/Carer..... Date:.....

Please print  
name:..... Phone:.....

---