



Coonabarabran High School

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3rd September 202

HEARING SCREENING – COONABARABRAN HIGH SCHOOL

7TH NOVEMBER 2024

Coonabarabran High School has the opportunity to run free hearing clinics in Term 4 2024. These clinics will be provided in conjunction with New South Wales Health on the 7th November 2024.

Hearing tests will be conducted at the school and should take each participant approximately 20 minutes to complete. Families will be contacted after the results are confirmed only if there is a need to follow up.

If you wish your child to participate, please complete the permission slip below and the NSW Health consent form attached and return to the school office by 27th September 2024.

If you have any questions, please contact WIN Nurse Nicole Hadfield on 02 6842 1099.

Duncan Graham
RELIEVING PRINCIPAL

HEARING SCREENING – COONABARABRAN HIGH SCHOOL

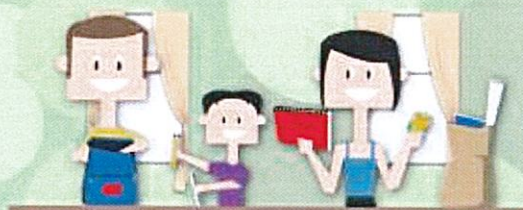
7TH NOVEMBER 2024

I give my permission for my child / dependant _____ to attend the free hearing clinics held at Coonabarabran High School on the 7th November 2024. This clinic is in conjunction with NSW Health and approved by the Principal.

Signed _____

Date _____

Hearing Screening Consent Form



Health
Western NSW
Local Health District

Participant Details

FIRST NAME:

LAST NAME:

GENDER: MALE FEMALE

DATE OF BIRTH:

Is your child? Aboriginal Torres Strait Islander Neither Aboriginal/Torres Strait Islander

HOME ADDRESS:

MEDICARE CARD NO:

CHILD'S NO. ON CARD:

EXPIRY:

GP DETAILS:

SCHOOL NAME:

Parent/Guardian Details

RELATIONSHIP TO PARTICIPANT:

FULL NAME:

PHONE NUMBER:

Hearing Health & History

Is there a family history of hearing issues? If yes, please explain:

Did your child pass the newborn hearing test? Yes No

Do you have concerns for your child's hearing? Yes No

Consent

Your child will be seen at their school for screening of their hearing. This involves wearing headphones and responding to sounds. If further investigation is required, staff will refer on for further assessment. Referral requires sharing information to the appropriate health professionals. If you consent to referral, please complete the below section.

I give consent to NSW Health staff to undertake hearing screening for my child.

I give consent to NSW Health staff to share information as required for the purpose of referral.

PARENT/GUARDIAN NAME:

SIGNED:

DATE:

For further information, please contact Nicole Hadfield Wellbeing Nurse Coordinator on 0438 688 502.