



## Katungul Health Screening

Monday, 21 June 2021

Dear Parents/Caregivers,

Katungul Aboriginal Corporation Regional Medical and Community Service is screening Aboriginal and/or Torres Strait Islander primary school students for ear health problems at Merimbula Public School on Monday, August 16 and Tuesday August 17, 2021.

The screenings will be conducted by qualified Aboriginal Health Workers from Katungul. The screening tests can significantly help prevent lifelong hearing loss. If there are any issues with your child's hearing, found on the day, Katungul will contact you personally.

Please fill in the forms following this letter giving your permission directly to Katungul to screen your child/children at Merimbula Public School. Below, please also give your consent for your child to be screened at our school.

Yours Sincerely,

Janelle Hodsdon  
Assistant Principal



### ***Katungul Hearing Screening Test 2021***

Please return to the Merimbula Public School Office by Thursday, June 24, 2021.

Dear Mrs Hodsdon,

I/We give \_\_\_\_\_ (student) of class \_\_\_\_\_ permission to have a hearing screening test conducted by a Katungul health worker at Merimbula Public School on either Monday, August 16 or Tuesday August 17, 2021.

Parent/Caregiver Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Contact PH: \_\_\_\_\_ Date: \_\_\_\_\_





Aboriginal and Torres Strait Islander Ear Health  
Program Consent Form 2021

Friday, 11 June 2021

Dear Parent/Guardian

Katungul Aboriginal Corporation Regional Medical and Community Service is screening Aboriginal and/or Torres Strait Islander primary school students for ear health problems. The screening tests are simple and painless but can help prevent lifelong hearing loss. They are done by qualified Aboriginal Health Workers from Katungul.

If the tests show that your child has problems with their hearing Katungul will write to you about this.

We request your permission to screen your child/children for ear health problems at their school.

Please sign and fill in the following form if you give your permission or contact me if you have any questions.

Thank you

Sean Kinchela  
Coordinator  
Eye and Ear Health

Katungul Aboriginal Corporation Community and Medical Services (ICN: 1816)  
ABN: 35 679 076 544

**Batemans Bay Branch**  
1-3 Old Princes Hwy  
PO Box 687  
Batemans Bay, NSW, 2536  
Ph: (02) 4488 4050  
Fax: (02) 4472 6955

**Narooma Branch**  
26 Princes Highway  
PO Box 296  
Narooma, NSW, 2546  
Ph: (02) 4476 2155  
Fax: (02) 4476 1963

**Bega Branch**  
25 Bega St  
PO Box 422  
Bega, NSW, 2550  
Ph: (02) 6492 0532  
Fax: (02) 6492 0526



I \_\_\_\_\_ (your name) am the parent/guardian of the following primary school aged children who attend Merimbula Public School and named below give my permission for Katungul to:

- 1) Screen my child/children for hearing issues at their Primary School and
- 2) Record the relevant results on a secure medical record
- 3) Share my child/children's name and limited medical information about their results (e.g. fluid in left ear) with the school.

Child's Name	Date of Birth	Number next to their name on your Medicare card	Medicare Number (if not on your card)
e.g Sam Smith	01/01/2010	3	1234 56789 0

- I understand that I can withdraw my permission at any time
- I understand Katungul will only be doing screening my child/children for hearing issues
- I understand Katungul will not provide any treatment without my permission

Parent  
 Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Medicare  
 Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

This permission is valid for the 2021 school year but you can be withdraw your permission at any time by contacting the school's Aboriginal Education Officer or Katungul