



WE'RE GOING TO THE FAIRY PARK



Dear Parents,

The Integrated Studies topic for this term is 'Once Upon A Time.' To enhance this topic we have planned an excursion to the FAIRY PARK in Anakie on Friday May the 30th. The children will visit the various Fairy Tale scenes and play in their medieval playground.

On the day the children will be required to come to school in their uniform and bring their 1st lunch and 2nd lunch in separate, named, disposable bags. (Please ensure that you provide a drink in a disposable container in each lunch bag. No lunch boxes or drink bottles please as these are likely to get lost.) As this excursion requires a lengthy bus trip please ensure that your child has eaten a substantial breakfast. Children may need a coat if inclement weather is forecast.

The cost of this excursion is \$28.50. This cost covers entry to Fairy Park and bus travel on seatbelted buses.

The buses will depart school at 8:55am (please arrive at school by 8.45) and will return by approximately 3.30pm. **Please return the permission slip with full payment by Wednesday 28th May.**

Each grade will require a small number of parents (no toddlers) to assist with supervision of the children. If you are able to help please let your child's teacher know as soon as possible.

Thank you for your continued assistance and support.

Mandy Anderson, Chantelle Armet, Leanne Nicholls and Kristy-Lee Laidlaw

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OFFICE COPY

I give my child.....permission to attend the excursion to the **FAIRY PARK** in Anakie on Friday, May 30th. I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving medical and surgical treatment as may be deemed necessary should the situation arise.

Parents signature_____

Emergency contact number for the day_____

Ambulance Cover Yes/No Medication my child is allergic to_____

TEACHER COPY

I give my child.....permission to attend the excursion to the **FAIRY PARK** in Anakie on Friday, May 30th. I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving medical and surgical treatment as may be deemed necessary should the situation arise.

Parents signature_____

Emergency contact number for the day_____

My child suffers from travel sickness yes / no

My child suffers from asthma (medication to be labelled and given to the teacher) yes/no

Ambulance Cover Yes/No Medication my child is allergic to_____

I am able to assist on the excursion yes / no _____(parent's name)