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| promotion  school emblem  We Follow Jesus | Our Lady of the Rosary  32b Saddington Street, St Marys NSW 2760  PO Box 811, St Marys 1790  Phone: 9623 2500  Email: [olorstmarys@parra.catholic.edu.au](mailto:olorstmarys@parra.catholic.edu.au)  Website: [www.olorstmarys.catholic.edu.au](http://www.olorstmarys.catholic.edu.au) |

Tuesday 9 August, 2016

**Life Education Program**

Dear Parents/Caregivers,

Life Education NSW is a charity organisation. They have been successfully supporting primary school drug and health education since 1979.

Life Education’s programs have been specifically designed to assist schools achieve the outcomes of their curriculum. Activities are based on the Health and Physical Education outcomes.

Life Education assists students to:

* acquire age appropriate knowledge to support informed health choices
* develop and practice skills and strategies to act upon individual decisions
* recognise the values and attitudes that may influence lifestyle choices and behaviours.

Your child/ren will be visiting Life Education in Term Three as follows;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Wednesday 17th August** | **Monday 22nd August** | **Wednesday 24th August** | **Monday 29th August** | **Thursday 30th August** |
| **MORNING SESSION** | 3G | 6L | 5C | 4O | 2W |
| **MIDDLE SESSION** | 3V | 6T | 5K | 4M | 2G |
| **AFTERNOON SESSION** | 1T | KD | KN | 1F |  |

The cost of this experience has already been paid as part of the Special Programs and Events Fee. Children will be travelling to and from the Life Education Centre in Colyton by the Life Education Bus. Please complete the attached form and send it in to your child’s teacher. **Each family member needs to have their own permission note filled in.**

There is also merchandise available to purchase on the day. Children are asked to bring the slip filled with the **correct money** in an envelope with their name and class **on the day of their visit** should you wish to purchase anything. Please note*, OLR will not be responsible for this money in anyway, it will be passed directly onto Life Education.*

***All permission slips are due Monday 15 August, 2016 (Monday of Week 5)***.

Yours sincerely,

Miss Hooker

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**Excursion Permission Note and Medical Notification**

**Please return permission note by Monday 15 August, 2016**

**EXCURSION:**  **Life Education Program**

I understand that the children will be travelling to and from the Life Education Centre by bus .

|  |
| --- |
| * I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_ to attend the excursion. |

|  |
| --- |
| * I **DO NOT** give permission from my child to participate in this event.   (Any comments would be gratefully and sensitively accepted.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please list any medical conditions which the teacher should be aware of for the excursion:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Parent on the day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Parent phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact Name (other than the person listed above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event of an emergency, I give teachers of Our Lady of the Rosary Primary School my permission to seek medical attention for my child and I understand that I will be notified as soon as possible.**

Parent / Guardian (Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_