



<b>Excursion Name: Stage 2 + 4/5E Fitness Kidz Fun Day</b>	
<b>Venue: Wyrallah Road Public School back oval</b>	<b>Cost: \$10</b>
<b>Date: Wednesday, 25 November</b>	<b>Transport: NIL</b>
<b>Time: 3 x 1 1/2hr sessions</b>	
<b>Teacher in charge: Miss Karen Eakin</b>	<b>Return permission note by: Monday, 23 November</b>

**Excursion Information:** It has been a challenging year and COVID-19 restrictions have meant that all excursions have had to be cancelled. Now that restrictions are easing, Stage 2, including 4/5E teachers would like to reward the students with a fun session of physical activities. These activities may include giant parachute & inflatable ball, octopus tag, 1000's of pre filled water balloons for various games & activities (all mess picked up), super soaker fun, giant tug of war rope and hula hoops. These activities are aimed at encouraging students to be active while learning, to work as part of a team and to use a variety of equipment safely.

Students are to wear their school uniform to school and bring a change of clothes to participate in the activities.

**Equipment List:** Listed below is the essential equipment each student needs to have with them on the excursion.

**ALL ITEMS TO BE LABELLED**

- Change of sun safe, comfortable clothes including shoes and a sun safe hat. No singlets, short shorts or skirts, no dresses, no thongs

NOTE: students should be wearing their black school shoes to school and change into some joggers that can get wet

- Change of underwear and socks
- Plastic bag for wet items.

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I hereby give consent to my son/daughter/ward \_\_\_\_\_ of \_\_\_\_\_  
(Full Name) (Class)  
 to participate in the Fitness Kidz Fun Day at Wyrallah Road Public School.

Special needs and/or medical issues eg. Asthma \_\_\_\_\_

*I accept that my child is expected to behave in an appropriate manner and I have explained this to him/her. I understand that any specific medical information held by Wyrallah Road Public School will be provided to the organising teacher. In the event of any accident or illness I authorise the teacher to obtain any medical assistance and/or ambulance that my child may require, including the administration of an anaesthetic if deemed necessary by the medical officer in charge.*

Signature of Parent/Caregiver: ..... Date: ..... / ..... / .....

**PAYMENT** – please select your payment method.

**CASH:** \$..... enclosed

**POP:** I have made a payment online. My receipt number is: .....