



<b>Excursion Name: Year 5 Fitness Kidz Fun Day</b>	
<b>Venue: Wyrallah Road Public School back oval</b>	<b>Cost: \$9</b>
<b>Date: Monday, 7 December</b>	<b>Transport: NIL</b>
<b>Time: 2 x 1hr sessions</b>	
<b>Teacher in charge: Miss Karen Eakin</b>	<b>Return permission note by: Friday, 4 December</b>

**Excursion Information:** It has been a challenging year and COVID-19 restrictions have meant that many activities have had to be cancelled. Now that restrictions are easing, Year 5 teachers would like to reward the students with a fun session of physical activities. These activities may include giant parachute & inflatable ball, octopus tag, 1000s of pre filled water balloons for various games & activities (all mess picked up), super soaker fun, giant tug-o-war rope and hula hoops. These activities are aimed at encouraging students to be active while learning to work as part of a team as well as using 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 – MUST be by cash as the incursion is less than \$10.**

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