

Life Education Van – Foundation – Yr 6

239 Pearce Dale Road Cranbourne South VIC 3977 Tel: 9782 2999

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Dear Parents,

As part of our “Healthy Living” program, the **Life Education Van** will be visiting the school on **Thursday, 20 June - Thursday, 27 June 2019**. Students will be covering a wide range of health and drug related topics during these sessions including how the human body works, healthy eating and nutrition, medicines and drugs, bullying, resilience and social skills.

The Life Education sessions are always fun and interactive and they are facilitated to develop and extend the student’s understanding of the topics covered. We will be further exploring these topics in class, both before and after the Life Education visit, so it is important that your child attends this session.



This year, students will participate in the following units:

- | | |
|--|-----------------------------|
| Junior School: Foundation - Harold’s Friend Ship | Year 1 - Safety Rules |
| Middle School: Year 2 - Growing Good Friends | Year 3 - Mind Your Medicine |
| Senior School: Year 4 - All Systems Go | Year 5 & 6 - Decisions |

A free parent information session will be held on Thursday, 20 June 2019 at 9:10am in the Life Education Van.

The cost per student for this program is **\$10**. Please return payment and permission by **Wednesday, 5 June 2019**.

The Life Ed experience includes a work booklet for each child, a session in the *Life Education Van* and resources for the classroom.

Thank you,

TAT STANLEY
Physical Vibe Leader
Life Education Co-ordinator
Wednesday, 8 May 2019

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PLEASE RETURN BY Wednesday 5 June 2019
Life Education Program

I give permission for my child: Class:
to attend the **Life Education Program on Thursday, 20 June – Thursday, 27 June 2019**.

Please indicate method of payment:

QKR \$10 (preferred payment method) Please note: No signed paper copy is required to be returned if paying and signing via QKR.

Cash \$10

EFT \$10

CSEF \$10

In the event of illness or injury to my child whilst on this excursion, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me, to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, and to administer such first aid as the Principal or staff member may judge to be reasonably necessary.

During the times of the In-School Activity, my telephone contact is:

.....
Print Name of Parent/Guardian

.....
Signature of Parent/Guardian

.....
Date