



# WE'RE GOING TO THE FAIRY PARK

Dear Parents/Carers,

The Integrated Studies topic for this term is 'Once Upon A Time.' To enhance this topic we have planned an excursion to ANAKIE FAIRY PARK. The children will visit various Fairy Tale scenes and play in a medieval playground.

**When:** Tuesday May the 3rd.

**Where:** ANAKIE Fairy Park

**Cost:** \$28.50 which covers entry to the Fairy Park and bus travel on seat-belted buses.

**Travel:** The bus will leave promptly at 8.55am. Please arrive at school no later than 8:45 and we will return by approximately 3.30pm.

**Wear:** School uniform

**Bring:** 1<sup>st</sup> lunch and 2<sup>nd</sup> 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.) **Children may need a coat if inclement weather is forecast.**

**Sign and Return:** Please return both permission slips with full payment by Friday 29<sup>th</sup> April.

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.

Leah Smith, Vanesa Trpceviski, Leanne Nicholls and Kaye McLaren

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OFFICE COPY

I give my child.....permission to attend the excursion to the **FAIRY PARK** in Anakie on Tuesday, May 3rd. 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 \_\_\_\_\_

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TEACHER COPY

I give my child.....permission to attend the excursion to the **FAIRY PARK** in Anakie on Tuesday, May 3rd. 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)

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**Grade- FOUNDATION: EXCURSION TO ANAKIE FAIRYPARK  
PARENT/CARER HELPER NOTE**

YES, I am able to assist on this excursion and YES, I have a current Working with Children check.

Parent's name: \_\_\_\_\_ Signed: \_\_\_\_\_ Child's name: \_\_\_\_\_

Classroom teachers will notify all Parents/Carers who volunteered to assist, once all permission notes have been returned.