Dear Parents,

As part of our Shared Inquiry unit on “Me, Myself and Others,” an excursion has been organised to **The Eastern Hill Fire Station** on **Friday the 14th of March**. The children will be participating in activities such as demonstrations of basic fire safety, looking at fire engines up close and the opportunity to ask questions when meeting real-life fire fighters.

The children will travel by seat belted bus, **leaving school at 9.30am** and returning back to school in time for normal dismissal. They will require **a drink, lunch and snack in a named plastic/disposable bag only**. All children must wear their school uniform on the day.

Thank you, we are looking forward to a great day!

Melanie, Lisa, Emma,
Crystal and Ashleigh
Eastern Hill Fire Station Reply Slip

Please indicate if your child is taking any medication, or has any medical condition that we should be aware of:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes / No</th>
<th>If Yes Does your child have an Epi-pen at school? Yes / No</th>
<th>Yes / No</th>
<th>Does your child require medication? Yes / No</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please add any relevant details
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I give permission for my child: ________________________________ in Year: _________ to take part in the excursion to the Eastern Hill Fire Station. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent/Guardian Name: ________________________________ Date: ___ / ___ / ___

Parent/Guardian Signature: ________________________________________________

Contact number/s on the day: ______________________________________________

Please tick if you are able to assist on the Excursion. [ ]

All parents assisting on the day must have a current ‘Working With Children Card’

*Please note, no toddlers are able to attend, and only two parents per class are required. All parents will be contacted and informed if they are required to assist or not.