

## **AVELEY PRIMARY SCHOOL**

An Independent Public School (ABN 29 985 456 130) 8 Bolero Road, Aveley, WA 6069

Dear Parents/Caregivers,

As part of our cross-curricular studies this term, our class will be walking to Woolworths, Aveley to participate in their **'Fresh Food Kids Discovery Tour'**. We think this provides a unique opportunity to use local community facilities to inspire learning.

Students will learn about <u>sustainability</u> efforts around food-waste management and the big push to reduce, recycle and reuse where we can. They will participate in reduce, recycle, re-use choices behind the scenes as well as help find ways to get the message out.

As part of Design Technologies: Food Specialisations, students will learn about 'farm to fork' processes.

As part of <u>HASS: Business and Economics</u> students will learn about marketing, profit, unit cost, supply and demand, resources.

As part of <u>Health</u> students will learn about healthy food.

As part of English: Writing, students will produce as sustainable food pamphlet.

Activities to Be Conducted: Walking through Aveley noticing local community facilities and changes to the local environment; learning about where our food comes from and sustainable farming practices; tasting produce; looking at advertising and marketing; how businesses are promoting sustainability in the community.

Food tasting will take place - please make sure we are notified of any allergies on the attached medical form.

DATE: G8: Tuesday, 22 October

T12: Thursday, 24 October

T11: Friday, 25 October

No cost, this is a free excursion!

LOCATION: Woolworths, Millhouse Rd, Aveley

**TRANSPORT ARRANGEMENTS & ROUTE:** We will be walking. We will leave the school via the front gates and cross Egerton Drive. We will walk alongside the parkland along Egerton Drive to Woolworths. We will walk back to school the same way.

ITINERARY:	9.30am	Leave school
	10.00am	Approximate time of arrival at venue
	12.00pm	Arrive back at school

Teachers will carry mobile telephones in order to contact school. Parents should contact school, who will then contact the teacher. We require parent volunteers for this excursion, please indicate on the attached form if you are available to assist on the day. Please ensure the attached permission and medical form is returned to the front office by **Friday**, **18th October 2019**.

Students will need to wear full school uniform, including a hat and enclosed shoes. They should bring a water bottle. Sunscreen is available for students at school.

Yours sincerely

COST:

Helen Smith, Ashleigh Dunning, Meghan D'Arcy YEAR FIVE CLASSROOM TEACHERS

25 September 2019

## PARENT/GUARDIAN CONSENT FORM

## \*Please return this form along with the medical form to the front office by: Friday, 18<sup>th</sup> October 2019

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment. This may necessitate calling an ambulance. If possible teachers will try to contact parent/guardians prior to calling an ambulance; however the costs will be the parent/guardians responsibility.

Parent/Guardian Contact Information				
᠃Home:	<sup>™</sup> Work:	<sup>™</sup> Mobile:		
Other:				
have read and understood the information regarding the excursion to WOOLWORTHS, AVELEY				
and give my consent for my son/da	ughter:	in Room	to attend.	
am available to help supervise students on the day: Yes No				

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE DATE

## YEAR FIVE WOOLWORTHS FRESH FOOD DISCOVERY EXCURSION

STRICTLY CONFIDENTIAL

Student details	
Student's Name:	Date of Birth:
Parent/guardian's full n	ame:
Address:	Postcode:
Telephone no. (home):	Telephone no. (work):
Telephone no. (mobile)	:
Name of family doctor:	Telephone no
Medical details Is your child subject to safety during the excur Yes No	seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her sion.
Is your child allergic t Penicillin Any other drug Any food Other	Please give details
Date of last tetanus vac	cination:
handling of medicatio	e requested to make arrangements with the teacher-in-charge for the safekeeping and ons prior to the excursion. aking tablets and/or other forms of medication?
Yes No	
Other information Please provide any oth care for your child.	er information about your child which will enable the organisers of the excursion to provide better
Please provide any oth	er information about your child which will enable the organisers of the excursion to provide better