

# THOMAS MITCHELL PRIMARY SCHOOL

## PREP ACTIVITY – EAT FOR LIFE ‘HEALTHY SNACK ATTACK’

1<sup>st</sup> March, 2018

### Introduction/Links to Curriculum:

As part of our Term 1 topic ‘Healthy Me’, the Prep students will be involved in an interactive workshop titled ‘Healthy Snack Attack’. The workshop will have students involved in a range of hands on activities where they identify the five food groups and also empower the children to make healthier choices in their day to day life. The students will explore and develop the use of their taste and smell senses and will particularly enjoy eating some fruits!

- Participants/Classes:** Prep DH, Prep LH, Prep MC, Prep PC and Prep SK
- Date:** Wednesday 21<sup>st</sup> March, 2018
- Times:** 9am to 9.50am – Prep DH  
9.50am – 10.40am – Prep MC  
11.10am – 12noon – Prep LH  
12noon – 12.50pm – Prep PC  
2pm – 2.50pm – Prep SK
- Venue/Address:** Thomas Mitchell Primary School – Room 18
- Food Arrangements:** Fruit will be used and sampled during this activity.  
*\*Please indicate on the slip below if your child has any known allergy to any food and provide us with details of any symptoms.*
- Cost:** \$8.00  
**This cost is covered by the ‘Essential Items – Excursion Levy’ payment that all parents were requested to pay at the commencement of their child’s school year.** In the event your child does not participate (eg. due to illness) a credit will be placed against your family account.
- Uniform:** All students must wear school uniform.
- Permission form:** To be returned by: **Thursday 15<sup>th</sup> March, 2018**

Danielle Howley  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – PREP ACTIVITY – EAT FOR LIFE ‘HEALTHY SNACK ATTACK’**

I give permission for my child .....in class .....  
to participate in the above activity on Wednesday 21<sup>st</sup> March, 2018.

I understand that the cost of \$8.00 is covered by the Excursion Levy payment I have made.

My child has an allergy to the following foods and should not eat:  
.....  
.....

My child may display the following symptoms when experiencing an allergic reaction:  
.....  
.....

I hereby authorise the teacher in charge of this event, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Parent Name: ..... Phone: .....

Signed: ..... Dated: .....

Contact for day of activity: ..... Phone for day of activity: .....