

# THOMAS MITCHELL PRIMARY SCHOOL

## PREP ACTIVITY – DALEY NUTRITION ‘SNACK ART’

5<sup>th</sup> March, 2020

### Introduction/Links to Curriculum:

As part of our Term 1 topic ‘Healthy Me’, the Prep students will be involved in an interactive workshop titled ‘Snack Art’. The workshop will have students involved in a range of hands-on activities, where they will identify the five food groups, discuss how food makes us feel and how it helps our bodies. They will also create an edible piece of art using a variety of fruits and vegetables, and then explore and develop the use of their taste and smell senses while eating their creation.

<b>Participants/Classes:</b>	<b>00A, 00B, 00C, 00D, 00E and 00F</b>
Date:	Monday 23 <sup>rd</sup> March, 2020
Times:	9am to 9.50am – 00F and 1/5 of 00B 9.50am to 10.40am – 00D and 1/5 of 00B 11.10am – 12noon – 00A and 1/5 of 00B 12noon – 12.50pm – 00E and 1/5 of 00B 1.50pm – 2.40pm – 00C and 1/5 of 00B
Venue/Address:	Thomas Mitchell Primary School – LOTE Mandarin room
Food Arrangements:	Fruits and vegetables will be used and sampled during this activity. <i>*Please indicate on the slip below if your child has any known allergy to any food and provide us with details of any symptoms.</i>
Cost:	\$12.00 <b><u>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.</u></b> 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: <b>Tuesday 17<sup>th</sup> March, 2020</b>

Marie Chan  
Contact/Coordinating Teacher

John Hurley  
Principal

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### **THOMAS MITCHELL PRIMARY SCHOOL – PREP ACTIVITY – DALEY NUTRITION ‘SNACK ART’**

I give permission for my child .....in class .....  
to participate in the above activity on Monday 23<sup>rd</sup> March, 2020.

I understand that the cost of \$12.00 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: .....