Dear Parents,

On **Tuesday, May 20th** our students will be visiting the **Hume Calder Life Education** mobile classroom at Clarkefield Primary School.

**Life Education Victoria** has been successfully supporting primary drug education since 1985 and now helps to provide drug education to about 230,000 children each year.

**Life Education** is a community based project, relying largely on community funding. The mobile classroom is owned and operated by the Life Education committee in your area, which believes that Life Education can play an important part in providing a drug education resource. The resource is intended to be integrated into your school’s curriculum and support the drug education strategy.

The Educators are experienced and qualified teachers who undergo specialised post graduate training. To make learning interesting and fun they facilitate student sessions using learner centred strategies and high impact multi-media technology.

Younger children learn about general health, safety and communication skills. Older children acquire age appropriate knowledge to make informed health choices. The lesson will also give your child an opportunity to practice the social skills needed to stay safe in the face of different types of pressure.

**The children will need to be taken to Clarkefield Primary and should arrive no later than 9.00am and can be collected at 3.30pm. It is recommended that families share transportation. If you think you will have difficulty with transportation please let the school know immediately.**

**Students will need to take their snacks, lunch, drinks (no glass) and wear clothing suitable for the weather on the day.**

There is not charge for this program.

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**LIFE EDUCATION 2014 – Tuesday, May 20th**

I give permission for my child/ren ………………………………………………………………. of grade/s ……………………

- [ ] to participate in the Life Education Program at Clarkefield Primary School
- [ ] to travel to Clarkefield Primary School and return by staff or private vehicle (if necessary & pre-arranged with staff).

**CONSENT TO MEDICAL ATTENTION**

I authorise the parent/teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

SIGNED ___________________________________________   Date: _________________

Parent/Guardian

Emergency Phone No on the day: ________________________________