



Nar Nar Goon Primary School

Tiger PAW Program 2018

Dear Parents,

Year 5 and 6 students have the opportunity to participate in the Tiger PAW program. This is a tailored program run by Richmond Football club, using elite athletes to share important physical and mental health messages with young students. The program has been developed in partnership with Vic Health and Cardinia Shire. The program has four sessions: Resilience/Leadership, Physical Activity, Nutrition and Cultural Awareness. Tiger Paw addresses part of our Health and Physical Education program and is designed to help support students as they prepare for secondary school and into their teenage years. For the Resilience and Leadership session, students will need to travel by bus to the Cardinia Cultural Centre. The other sessions will be held at Nar Nar Goon Primary School on Tuesday 31st July, 2018. During the nutrition session, students will have the choice of making a wrap or fruit salad with yoghurt. Please indicate on the permission form whether your child has a food allergy so it can be catered for.

Summary of Details

Venue:	Cardinia Cultural Centre
Date:	Tuesday 7 th August, 2018
Cost:	\$5
Time of departure from school:	9.15 am
Arrival back at school:	12.40 pm approx.
Equipment Required:	School uniform and recess snack.
Permission Form/Payment:	Due back by Friday 3 rd August, 2018.



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I _____ give permission for my child _____ of Grade _____ to attend this the Tiger PAW program, 2018 at Cardinia Cultural Centre. I understand that my child will be travelling to the venue by bus.

Enclosed is: \$5.00 Cash Cheque Eftpos CSEF (if applicable)

I do/do not give permission for my child _____ of Grade _____ to make either a wrap or fruit salad with yoghurt in the Tiger PAW program nutrition session.

My child has a food allergy to _____

I give my permission to the teacher in charge of the excursion to consent, where it is impossible to communicate with me; to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed _____ Date _____

Emergency Contact name & Ph. no: _____