

Excellence, innovation and success in a caring environment.

# Alfords Point Public School

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28 April 2022

Dear Parents/ Carers,

## NRMA Road Safety Science Show

On Friday 20 May the NRMA in partnership with Fizzics Education will be visiting our school to present a Road Safety Science Show for all students in K-6. The interactive presentation will educate students about the importance of wearing helmets, how to be safe in the car and how to remain safe when crossing a road.

The presenters will demonstrate a few experiments during the road safety presentation and it would be great if your child brings their helmet to school on the day to participate in some of the activities. You will also need to advise if your child has any 'egg' allergies on the permission slip.

There is no cost for this incursion and students will receive a free 'bag tag' and workbook to complete follow up activities in class.

If you wish for your child to participate in the NRMA Road Safety Science Show please complete the permission slip below and return to school by Friday 6 May 2022.

**Maria Panourgias**

**Annette Wein  
Principal**

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## NRMA Road Safety Science Show

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to participate in the NRMA Road Safety Science Show on Friday 20 May 2022. I understand that the presentation will involve experiments and I give permission for my child to participate if selected.

**NSW Department of Education Consent Statement:** I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

My child does / doesn't have any egg allergies. **(please circle one)**

My child has the following medical conditions

\_\_\_\_\_

Parent/Carer signature \_\_\_\_\_ Date \_\_\_\_\_