26 May 2015

Dear Year 6 Parents/Carers

**YEAR 6 - JUST FOR KIDS! CPR & SAFETY AWARENESS PROGRAM**

CPRHealth Training is proud to be able to provide children with the opportunity to participate in a CPR HELP Safety Awareness Program. Their aim is to educate young children with basic techniques for First Aid and CPR. The children will gain knowledge of the DRSABCD Management Procedures (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillator). The program is fun and interactive incorporating role plays and hands on activities around the process of looking for danger, making the emergency phone call zero, zero, zero “000”, the recovery position, checking for breathing and clearing an airway. Students will also experience hands on techniques to learn CPR using manikins that will involve compressions and breathing.

By teaching your children these principles they are giving them the knowledge to stay safe and help in an emergency situation involving family or friends. Give your children a skill for life!

CPR Help will be at our school on **Monday 15 June 2015**. The cost for this program is **$13.50**. Students will need to wear their sports uniform on this day. The program takes one and half hours. All children will take home their practice face mask, a special CPR HELP participation certificate and a fun sheet. **Children will also have the opportunity to purchase a mini backpack, containing a genuine face mask and rubber glove set at a special student price of $5.00 (cash only on the day).**

Please complete the permission note below and return with payment of $13.50 to the school office by **Wednesday 10 June**. The online payment reference for this activity is **YR 6 CPR HELP PROGRAM**.

Peter Corry  
**ASSISTANT PRINCIPAL**  

Mark Arnold  
**PRINCIPAL (RLG)**

I give permission for my child ____________________________________________ of class _______ to participate in the CPR Help Program on Monday 15 June 2015.

☐ I enclose **$13.50** to cover the cost involved.

☐ I have paid online. Receipt No. ________________________________ Dated: ______________

Please indicate if your child has a medical condition that could affect the involvement of their participation eg. allergies, asthma, heart condition, epilepsy, diabetes.

Condition ___________________________________________________________ Precaution ____________________________

*I acknowledge and agree that the CPR HELP program involves presentation, information and practical demonstrations and participation in First Aid and CPR techniques and procedures and that damage or injury may occur and CPRHealth Training cannot be responsible for any damage or injury.*

Signed: (Parent/Guardian) ________________________________ Date: __________________

Public School