May 26th, 2026

Re: Outdoor Education Grade 8 Field Trip

Dear Parents / Guardians,

ESRSS is in the process of planning an outdoor education trip for students in Grade 8 on Monday, June 29th. The goal of this trip is to help make your child's exposure to the outdoor environment a positive and rewarding experience.

This outdoor education trip will be for students who are caught up with their work, have demonstrated good citizenship in our school, as well as the ability to be respectful and trustworthy while on the trip.

Plans are finalized for the trip on June 29th. Activities that students will be taking part in include hiking, dock fishing, canoeing, and low organized games. (Canoe safety training will be provided at the SVCU Center June 18th.)

While at the SVCU Center, proper canoe stroke techniques, safe entry to and from a canoe, as well as a variety of canoe rescue methods will all be addressed on this day. Additionally, students will have to complete a swim test to be eligible to participate in the canoe portion of our Outdoor Day. The swim test consists of a disorienting entry into the pool (ex. forward roll), followed by 1 minute of treading water, followed by a 50m continuous swim. **Please note, for students planning on attending the Wellman Lake Trip, canoe safety training is a mandatory component of this outdoor experience.**

There will be a $25 fee to each student that attends the outdoor education trip. ESRSS will be using School Cash Online as a payment method for this trip. Please check out our website, https://www.svsd.ca/esrss/_ci/p/3933 where instructions and information for online payment is located. Student expenses will be used to offset costs associated with meals, transportation, camp programs etc. If another method of payment is desirable, contact the school office @ 204-734-4518.

Please sign and return both attached permission forms, as well as the intent form below showing your child's intent for the trip by Friday, June 5th 2026.

(Please check one of the options)

My child, _____, _____intends to attend the trip June 29th.

_____ does not intend to attend the camping trip June 29th.

Parent/Guardian Signature:_____ Student Signature:_____ Date:_____

Yours in Education,

ESRSS Grade 8 Teachers

SWAN VALLEY SCHOOL DIVISION **École Swan River South School**

OFF SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)

To the Parent(s)/Guardian(s) of École Swan River School Grade 8 Students;

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/ leader BEFORE signing it.

Please sign and returned this form to the school by Friday June 5th, 2026. Forms will not be accepted after this date.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP:
WELLMAN LAKE GRADE 8 FAREWELL TRIP DATE: **June 26th- 9:00-3:30/5:30 PM (return time app, based on #'s)**

SERIES OF OFF-SITE ACTIVITIES (Specify program): Outdoor Education

TEACHERS-IN-CHARGE: S. Behrmann, K. Woodward, K. Dahl
J Eisler, M. White, C. Chmelowski

PHONE: 734-4518
E-MAIL: sbehrmann@svsd.ca

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
b. The students are adequately supervised over all aspects of the program/activity.
c. The location(s) used are appropriate and safe for the activity(ies) and group.
d. Equipment used has been inspected and deemed appropriate and safe.
e. A Safety Plan is in place to identify and manage known potential risks.
f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: CANOEING, HIKING, CAMPFIRE

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: **School Bus By School Division**
2. I accept this mode of transportation for this activity: Yes ☐ No ☐
   If no, specify alternative: _____
3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.
5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
6. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
7. I acknowledge that it is my duty to advise the board of any medical/health concerns of my child that may affect his/her participation.
5. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
6. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____ has my permission to participate in the

Wellman Lake Grade 8 Farewell Trip field trip/program.

Date: _____ Name (*Please print*): _____ Signature: _____

The personal information contained on this form is collected under the authority of the Public Schools Act, the Education Administration Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.

SWAN VALLEY SCHOOL DIVISION **École Swan River South School**

OFF SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: ☐ Yes ☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

_____

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

_____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

_____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

_____

Other Health/Medical/Dietary Concerns:

_____

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C)

2) _____ Phone: (H) _____ (W) _____ (C)

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SWAN VALLEY SCHOOL DIVISION **École Swan River South School**

OFF SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)

To the Parent(s)/Guardian(s) of École Swan River School Grade 8 Students;

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/ leader BEFORE signing it.

Please sign and returned this form to the school by Friday June 5th, 2026. Forms will not be accepted after this date.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP:
CANOE SAFETY TRAINING @ SWAN VALLEY CREDIT UNION CENTER DATE: **June 18th (915-1215 pm)**

SERIES OF OFF-SITE ACTIVITIES (Specify program): Grade 8 Farewell Trip

TEACHERS-IN-CHARGE: S. Behrmann, J Eisler
PHONE: 734-4518
E-MAIL: sbehrmann@svsd.ca

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
b. The students are adequately supervised over all aspects of the program/activity.
c. The location(s) used are appropriate and safe for the activity(ies) and group.
d. Equipment used has been inspected and deemed appropriate and safe.
e. A Safety Plan is in place to identify and manage known potential risks.
f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: CANOEING, SWIMMING

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: **SVSD Bus**
2. I accept this mode of transportation for this activity: Yes ☐ No ☐
   If no, specify alternative: _____
3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.
5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
6. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
7. I acknowledge that it is my duty to advise the board of any medical/health concerns of my child that may affect his/her participation.
5. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
6. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

10. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____ has my permission to participate in the ***CANOE SAFETY TRAINING SESSION WLUCC Outdoor Education*** field trip/program.

Date: _____ Name (*Please print*): _____ Signature: _____

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SWAN VALLEY SCHOOL DIVISION **École Swan River South School**

OFF SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: ☐ Yes ☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

_____

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

_____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

_____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

_____

Other Health/Medical/Dietary Concerns:

_____

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C)

2) _____ Phone: (H) _____ (W) _____ (C)

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