

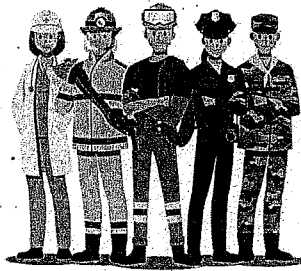
Dear Parents,

The Kindergarten/Grade 1/Grade 2 class will be attending the Emergency Services Day at the Swan Valley Centennial Arena parking lot.

We will be walking to and from the Arena on June 10, 2025 for our 11:00am time slot. We will leave the school around 10:40am and will return when we have completed our centers, likely around 12:15pm.

This visit will consist of about 6, 10-15-minute centers. Each class will rotate through together. Possible centers may include:

- Canadian Rangers
- Manitoba Hydro, RCMP
- Swan River Fire,
- Birch River Fire
- Conservation
- Shared Health ERS-EMS
- Wildfire



At the end of our visit each student will receive a Hot dog, a freezie, a water bottle, and some swag.

To ensure that your child has a fun and safe experience we ask for your help with the following:

- Wear appropriate footwear (shoes, no flip flops please).
- Dress appropriately for the weather in layers.
- Protect your child from outdoor conditions . Send a hat and sunscreen.

Please sign the attached permission form and return by May 29th.

Merci!

Madame Buchanan

SVSD PARENT PERMISSION FORM

Madame Buchanan would like your consent for your son / daughter to participate in the following activity(ies):

EMERGENCY SERVICES DAY

Type of Out of School Experience Day Trip | Overnight Trip

Date(s) of Trip:	June 10, 2026 (alternate day June 17, 2026)		
Destination:	Swan Valley Centennial Arena Parking Lot		
Transportation:	Walking		
Reason for Trip:	Emergency Services Day		
Accommodations:	n/a		
Departure Time:	10:40 am	Return Time:	12:30 pm
<input checked="" type="checkbox"/> Additional Trip Information Attached (cover letter, trip details, itinerary) - on the back side of the paper			

Transportation ordinarily will be by Division bus(es). However, occasionally it is necessary to arrange transportation by division van or parent vehicles when buses are not available. (R5.36.1)

It is understood that your son/daughter is to obey all school rules and that disciplinary action will be taken if deemed necessary.

Elements of Risk: Educational activity programs, such as the above activity, involve certain elements of risk. Injuries may occur while participating in these activities. The risk of sustaining injuries results from the nature of the activity and may occur without fault of either the student or the School Board, its employees, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. It is recommended that your son/daughter have a recent medical examination to ensure fitness to participate in this school program.

M. Buchanan

May 13, 2026

Signature of Trip Supervisor

Date

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT. ALL STUDENT MEDICAL & CONTACT INFORMATION FOR THIS TRIP WILL BE TAKEN FROM THE SCHOOL DATABASE AS OF SEPTEMBER OF THE CURRENT SCHOOL YEAR.

PLEASE FILL IN MEDICAL & CONTACT INFORMATION ONLY IF THERE HAVE BEEN CHANGES to information filed at time of annual registration.			
Recent Injury / Illness: _____	Medication: _____	_____	
MB Health: 6-Digit # _____	MB Health: 9-Digit # _____	_____	
Family Doctor Name: _____	Phone Number: _____	_____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	_____
Emergency Contact: _____	Phone Number: _____	_____	

ACKNOWLEDGEMENT:

I, _____ understand and accept the above, and hereby give permission for
(Parent / Guardian's Name)

_____ to participate in Emergency Services Day
(Student's Name)

I HAVE READ THE ABOVE INFORMATION AND DO HEREBY GIVE MY CONSENT.

Signature of Parent / Guardian

Date