

December 1<sup>st</sup>, 2025

Dear J.R. Reid families,

It is an exciting time as the K-6 students are preparing for this year's winter concert! The concert will be at **McDiarmid Drive Alliance Church** (635 McDiarmid Drive) at **7:00 PM** on **Tuesday, December 16<sup>th</sup>**.

All K-6 students will be performing in the concert. If your child is unable to be there that evening, please inform his/her teacher as soon as possible.

Attached is a waiver form for the afternoon of December 16<sup>th</sup>. All classes will walk to the church and rehearse for the concert during that time. **Family members unable to attend the evening performance are welcome to watch the dress rehearsal, starting at approximately 1:45 PM.**

Students are asked to **dress for a special occasion** the evening of the concert. Some classes will wear additional costume pieces provided when they get there. Students in the two 3/4 classes can wear their toques, mitts, and scarves when they perform with their classes. There is no need to dress up for the afternoon rehearsal.

On the evening of the concert, **doors to the church will open at 6:30 PM**. When arriving, students will gather with their teachers in the all-purpose room, and audience members will find seats in the sanctuary. Each class will perform once on their own and once with all classes together at the end of the concert. After they perform, students will go back to the all-purpose room with their teachers. At the end of the concert, **parents/guardians are asked to check-out with their child's teacher.**

Please return the attached waiver form no later than Friday, December 12<sup>th</sup>. We are looking forward to a wonderful evening of celebration and community!

Sincerely,

The J.R. Reid Winter Concert Team



## LOW RISK DAY TRIP

### PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK FORM – Part A (Keep this form)

NAME OF SCHOOL: JR Reid

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

If part B of this form is not signed and returned to the school by December 12, 2025, your child **WILL NOT BE ALLOWED TO ATTEND**.

DESTINATION/ACTIVITY: McDiarmid Drive Alliance Church

DATE (mm/dd/yy): December 16 2025 DEPARTURE TIME: 1:00 pm RETURN TIME: 3:00 pm

**OR** SERIES OF OFF-SITE DATES (specify dates):

METHOD OF TRANSPORTATION: **WALKING** BY:

#### PROGRAM/ACTIVITY INFORMATION

PURPOSE OR EDUCATIONAL GOAL(S): Rehearsal for our Winter Concert

ITINERARY/ACTIVITIES: Walk to McDiarmid Alliance Church, rehearse and then walk back to the school.

☐ detailed itinerary attached

TEACHER-IN-CHARGE: Kelsey Simpson

CONTACT PHONE #: 204-729-3955

TOTAL NO. OF SUPERVISORS PLANNED: 10+

COST TO THE STUDENT: \$0

SUPERVISORY ARRANGEMENTS: All classroom teachers will supervise their classes, EAs to support

WHAT TO BRING: Dress in appropriate clothing to WALK in winter weather.

OTHER CONSIDERATIONS: If the temperature is too cold, we will rehearse at the school.

DATES OF PARENT MEETINGS (if applicable): None

#### RESPONSIBILITIES – BRANDON SCHOOL DIVISION

Brandon School Division will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- 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:  
Cold weather/traffic safety.

\*\*\* Keep this page for your records \*\*\*

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 Principal.



## LOW RISK DAY TRIP

### PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK FORM – Part B (Return this form) \*\*\*

Return completed form to:

DESTINATION/ACTIVITY: McDiarmid Drive Alliance Church

DATE (mm/dd/yy): December 16 2025 DEPARTURE TIME: 1:00 pm RETURN TIME: 3:00 pm

OR SERIES OF OFF-SITE DATES (specify dates):

METHOD OF TRANSPORTATION: **WALKING** BY:

1. 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.
2. 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.
3. My child has been informed that he/she is to abide by the school/Division codes of conduct and any other rules and regulations specific to the trip, including directions and instructions from the school's and/or service providers, administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, arrangements could be made to have him/her sent home at the expense of the parents/guardians.
5. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect his/her participation.
6. I acknowledge that the Division 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 Division will not be liable for any costs associated with such a cancellation.
7. I consent that the Division, 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.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that

\_\_\_\_\_ has my permission to participate in the above field trip/program.  
(Name of Student)

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Parent/Guardian (please print)

\_\_\_\_\_ Signature

#### Contact who will be available on the day of the activity in case of emergency

\_\_\_\_\_ Name of Contact (please print)

\_\_\_\_\_ Primary Phone Number

\_\_\_\_\_ Alternate Phone Number

\_\_\_\_\_ Name of Contact (please print)

\_\_\_\_\_ Primary Phone Number

\_\_\_\_\_ Alternate Phone Number

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

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):

**Note: The medical and emergency contact information for your child, which you provided on the Student Registration Form at the beginning of the school year, will be used for the purposes of this field trip. If information has changed since then, please contact the school immediately to update the information.**

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