

We often hear about all the wonderful things that schools are doing to promote health. Therefore, we would like to provide you with an opportunity to tell us about your Healthy School. We are looking for successful, fun and unique Healthy School stories/activities that you are willing to share with us as well as with other school communities across Manitoba. The story/activity can be community, division, school, or classroom based - It can involve students, parents, teacher, whomever - It can be a game, event, experience, lesson idea, program, committee, anything - If it helps promote a Healthy School environment or curriculum instruction, we want to hear about it!!!

### **Our Healthy School Story**

Name of School/Division/RHA: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a (select one that best describes you):

- |  |  |
|--|--|
| <input type="checkbox"/> Teacher                     | <input type="checkbox"/> Administrator         |
| <input type="checkbox"/> Student                     | <input type="checkbox"/> Parent                |
| <input type="checkbox"/> Health Care Provider        | <input type="checkbox"/> Government/Non-profit |
| <input type="checkbox"/> Other, please specify _____ |  |

Permission to use material on the Manitoba Healthy Schools website or in print:

- Yes                       No

Permission to include contact information on the Manitoba Healthy Schools website or in print (select all that apply):

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Name of School | <input type="checkbox"/> None |
| <input type="checkbox"/> Contact Name   |                               |
| <input type="checkbox"/> Phone Number   |                               |
| <input type="checkbox"/> Email          |                               |

*Please provide digital photographs if available!*

Permission to use photographs on the Manitoba Healthy Schools website or in print (PLEASE NOTE: IF PICTURES INCLUDE STUDENTS PARENTAL CONSENT IS REQUIRED):

- Yes                       No

**PLEASE NOTE:** If your contribution is selected for use, we will ask you to approve the final material before it is posted on the website or printing.

Please complete each section below:

**Title/Name of story/activity:**

**Health Topic(s):**

e.g. physical activity, healthy eating, mental health, injury prevention, etc.

**Individuals Involved** (positions, not names):

e.g. principal, student, parent, classroom teacher, PE/HE teacher, public health nurse, community member, etc.

**Target Group:**

e.g. parents, students, teachers, etc.

**What factors were instrumental to your success?**

e.g. committee/team involvement, assessment, administrative support, parent involvement, funding, etc.

**Tell us about your healthy school story/activity. Include: how you did it, what made you decide to take action, what impact it has had on your target group, and what the process was for achieving it. Add any other important aspects you can think of.**

**Send to: Healthy Schools via fax (204-948-2258), email ([healthyschools@gov.mb.ca](mailto:healthyschools@gov.mb.ca)),  
or mail (Healthy Schools, 300 Carlton St., Winnipeg, MB, R3B 3M9)**