# STUDENTS 09.36 AP.211

School-Related Student Trip Forms

This form is to be used when students take any trip off campus for school purposes.

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade(s): \_\_\_\_\_\_\_\_\_ Class/Activity Group/Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Sponsor/Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination Venue, Location and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Location Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Teachers: \_\_\_\_\_\_\_\_\_\_\_ # Students: \_\_\_\_\_\_\_\_\_\_\_\_ # Chaperones: \_\_\_\_\_\_\_\_\_\_\_\_ Adult/Student Ratio:\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Date(s) & Times** Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM | **Cost**Total Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Funding Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Fee to be assessed to students:****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Transportation**□ District Bus/Van□ Charter Bus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved Bid – Company Name□Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Attach a copy of Charter Bus Contract.* |
|  **Meals** | At school prior to departure □ |  |  Student Packed □ Location where packed lunches will be School Cafeteria Packed □ consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student Purchase Restaurant □(Name and location of each stop) | Name & Location:  |
| Name & Location: |
|  **Over Night** | Date:  | Lodging**:** |
| Date: | Lodging**:** |

Trip Purpose and Core Content/learning targets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned.

Name of trained administrator(s) of routine and emergency medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_ for verification that medications administrator listed above received training.

Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to turn in Roster and completed Parent Permission Slips for nurse’s final review.

The following items have been completed or are in process. **(Teacher/Sponsor/Coach must initial below)**

\_\_\_\_\_\_\_\_\_ I have attached an anticipated Trip Itinerary

\_\_\_\_\_\_\_\_\_ I have evaluated the trip site for potential hazards/special requirements

\_\_\_\_\_\_\_\_\_ I have determined if the destination has an event-specific emergency action plan for the trip site. If so, I have distributed it to all personnel attending the event in an official capacity.

\_\_\_\_\_\_\_\_\_ Funds have been secured for indigent students

\_\_\_\_\_\_\_\_\_ If needed, background checks for chaperone approval have been initiated

\_\_\_\_\_\_\_\_\_ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Sponsor/Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# STUDENTS 09.36 AP.211

School-Related Student Trip Forms

**Event Specific Emergency Action Plan (EAP) for**

**School Sanctioned Non Athletic Event Held Off-Campus**

Destination/Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person or email contacted at venue to discuss EAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title of person contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an Automatic External Defibrillator (AED) on site? □ YES □ NO

If yes, where is it located?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does venue have an emergency response team (ERT)? □ YES □ NO

Process to request AED and/or ERT if needed at the scene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will a portable AED be taken from school on this trip? □ YES □ NO

If yes, who will be responsible for oversight and location of AED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is any other assigned emergency equipment available on field trip? □ YES □ NO

If so, list location of equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

* Location of AEDs;
* If possible, how to gain access;
* Steps that must be taken quickly to initiate the chain of survival;
* Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing);
* Call 911 using cell phone or other means of communication;
* Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute);
* Retrieve and use the nearest AED;
* Continuing supporting the victim until the local EMS arrives and takes over care; and
* Direct EMS to the scene.

**Required Approval Signatures**

Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All out-of-state field trip forms requiring Board approval must be completed and submitted to the Superintendent/designee ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.*

Superintendent/Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_

# STUDENTS 09.36 AP.211

School-Related Student Trip Forms

Parent Permission Form

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Destination/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class/Activity/Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Coach/Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Times** Departure Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM | **Cost**Student Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adult Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Transportation**District Bus/Van □Charter Bus □Other □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Meals** | At school prior to departure □ |  | Student Packed □ School Cafeteria Packed □ |
| Student Purchase Restaurant □(Name and location of each stop) | Name & Location:  |
| Name & Location: |
|  **Over Night** | Date:  | Lodging**:** |
| Date: | Lodging**:** |

My Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has permission to participate in this school trip.

All District and school policies shall be followed on this trip including: chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District’s Code of Conduct. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be canceled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause.\_\_\_\_\_\_\_\_\_\_\_ (Parent/guardian Initials)

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student’s life could be threatened by lack of medical attention. In order to avoid circumstances of this nature, please complete the following statement:

*In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child’s health and safety*.

Priority Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospitalization Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL medications require HCPS paperwork. Check with your school nurse to ensure paperwork is on file or to obtain required forms.**

Allergies and/or reactions to drugs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications needed on this trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be administering these medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted.*

**(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip \_\_\_\_)**

Review/Revised:8/21/2023