

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES. SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Has an event specific Emergency Action Plan been developed, and will it be distributed to all chaperones participating in an official capacity? Yes No

Signature of Faculty Sponsor _____
Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ _____	
_____ <i>Signature of Superintendent/Designee</i>	_____ <i>Date</i>
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

**Event Specific Emergency Action Plan (EAP) for
School Sanctioned Events 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? _____

Is any assigned emergency equipment available on the field trip? _____

If any assigned emergency equipment is available on the field, who is the chaperone in charge of equipment security and use? _____

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

- Location of AEDs
- 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 9-1-1 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 Automated External Defibrillator (AED).
 - Continuing supporting the victim until the local EMS arrives and takes over care.
 - Direct EMS to the scene.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:10/5/2023