



# INSTRUCTIONAL FIELD TRIP REQUEST COVINGTON INDEPENDENT PUBLIC SCHOOLS

**CODE** \_\_\_\_\_ **BILL TO:** \_\_\_\_\_  
(MUST HAVE CODE OR BILLING INFORMATION BEFORE BUS IS CONFIRMED)

## LOGISTICAL INFORMATION (teacher and/or principal)

Teacher's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_ No. of Students \_\_\_\_\_ #Adults \_\_\_\_\_

TOTAL BUS CAPACITY: K thru 5 = 64 passengers 6 – 12 = 50 passengers

**DATE OF TRIP** \_\_\_\_\_ **DESTINATION** \_\_\_\_\_

**Pick Up Location** \_\_\_\_\_ **Return Location** \_\_\_\_\_

**Departure time (from school)** \_\_\_\_\_ **Return Time (arrive at school)** \_\_\_\_\_

Supervisor(s) other than Teacher \_\_\_\_\_

**DESCRIPTION (completed by Teacher).** Please state the instructional goal of this field trip. If this trip meets the qualifications of the arts and humanities or practical living program review, all related documentation should be completed and filed with the school. \_\_\_\_\_

### HEALTH CARE NEEDS

Are any students attending this trip in a wheel chair? YES \_\_\_\_\_ NO \_\_\_\_\_ Number of Wheelchairs \_\_\_\_\_  
Number of Harnesses \_\_\_\_\_

Does any student on this trip require special medical treatment? Have any specific allergies that would require medication to be given? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, complete below or attach documentation with the student name and medical condition.

### **EMERGENCY ACTION PLAN (EAP)**

Destination \_\_\_\_\_ Address \_\_\_\_\_

Contact Person at venue to discuss EAP \_\_\_\_\_

Position/Title of contact person \_\_\_\_\_ Date(s) of contact \_\_\_\_\_

Is there an Automatic External Defibrillator (AED) on site at the venue? YES \_\_\_\_\_ NO \_\_\_\_\_

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

What is the process to retrieve the AED and alert the emergency response team at the venue? \_\_\_\_\_

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? \_\_\_\_\_

What other emergency equipment, if any, is available at the venue? \_\_\_\_\_

List location of equipment \_\_\_\_\_

The lead chaperone/school personnel attending the field trip is responsible for ensuring these components are the EAP are in place and communicated to all chaperones/school personnel on the trip:

- Provide copy of venue's specific EAP to all personnel attending the field trip
- Location and accessibility of AED's at the venue
- 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
- Continue supporting the victim until EMS arrives and takes over care
- Notify Director of Health Services and Central Office as soon as reasonably possible, after EMS has taken over care of the patient.

**NURSE**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INSTRUCTIONAL APPROVAL**

**PRINCIPAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIRECTOR (if applicable)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TO BE COMPLETED BY TRANSPORTATION**

Driver \_\_\_\_\_ Trip# \_\_\_\_\_ Bus# \_\_\_\_\_ Trip Date \_\_\_\_\_

Time (Lot) Out \_\_\_\_\_ Time (Lot) In \_\_\_\_\_ #Trip Hours \_\_\_\_\_

Odometer Out \_\_\_\_\_ Odometer In \_\_\_\_\_ Miles \_\_\_\_\_

Teacher/Coach/Sponsor Sign \_\_\_\_\_ Driver Sign \_\_\_\_\_