School-Related Student Trip Request Form and Non-Athletic Event-Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM NO LATER THAN TWO WEEKS PRIOR TO THE TRIP.

DATE: _____ **SCHOOL:** _____

1) All drivers are scheduled by calling the bus garage at 866-4844.
2) Do not pay the driver yourself.
3) No field trips for the last two weeks of school unless on a Saturday.
4) Please try to avoid scheduling trips in May.
5) All out-of-state or overnight trips must be approved by the Board.

DATE(S) OF TRIP: _____ **NUMBER OF STUDENTS:** _____
LEAVE TIME: _____ **RETURN TIME:** _____
CLASS OR CLUB: _____
DISTRICT NURSE NOTIFIED: DATE AND SIGNATURE: _____
YES will be taking sack lunches Number of Meals _____
YES will be taking sack breakfasts Number of Meals _____

Destination: _____
_____
_____

Purpose: _____
_____
_____

Teacher(s), Aide(s), and Chaperone(s): _____
_____
_____
_____

Scheduled Bus Driver: _____

Charge Cost of Trip to: _____

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

_____ _____
Signature of Faculty Sponsor ***Date***

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____
_____

_____ _____
Signature of Superintendent/Designee ***Date***

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

School-Related Student Trip Request Form and Non-Athletic Event-Specific Emergency Action Plan (EAP)

Non-Athletic Event-Specific Emergency Action Plan

School Name: _____

Event Teacher/Sponsor: _____ Cell Phone: _____

Destination/Venue Address: _____

School Employee(s) Attending Trip and Cell Number(s). **Please note beside name if employee is CPR certified.**

_____ _____
_____ _____
_____ _____
_____ _____
(Please use separate sheet and attach to this form if more space is needed to list school employees attending)

List students with medical needs (Diagnosis/condition): List medication trained employee assigned to each student's care:

_____ _____
_____ _____
_____ _____
_____ _____
(Please use separate sheet and attach to this form if more space is needed for students with medical needs)

Trip Location Contact Person: _____ Phone: _____
EAP Contact Person to Discuss Venue EAP (if different than above): _____ Phone: _____
Position/Title of Person Contacted: _____
Who Made the Contact: _____
Date(s) of Contact: _____
Does venue location have an EAP? ☐ Yes ☐ No
Will a portable automatic external defibrillator (AED) be taken from school? ☐ Yes ☐ No
If yes,
name and cell phone number of person on trip responsible for oversight and location of AED: _____
Is any other school emergency equipment available? ☐ Yes ☐ No
If yes, list emergency equipment items and location: _____
If yes, name and cell phone of person on trip responsible for oversight of other emergency equipment: _____
_____
Does the venue location have an emergency response team (ERT) ? ☐ Yes ☐ No
If yes, list names and contact information in order of available contacts: _____
_____
If yes, will members of the emergency response team be available in the event of a medical emergency during the school event: ? ☐ Yes ☐ No
Does the venue have an AED on site? ☐ Yes ☐ No
If yes, list location(s): _____
Describe the process to request AED and/or ERT if needed: _____
Is access to emergency transport available at the destination/venue? ☐ Yes ☐ No
IF yes, name of emergency transport organization and phone number: _____

School-Related Student Trip Request Form and Non-Athletic Event-Specific Emergency Action Plan (EAP)

Non-Athletic Event-Specific Cardiac Emergency Response Plan

- Location of AED(s), if any: _____
- How to gain access to nearest AED: _____
- 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 communications
    - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
    - Continue supporting the victim until the local EMS arrives and takes over care
    - Direct EMS to the scene

School personnel attending the event in an official capacity are responsible for implementation of the EAP, including the Cardiac Emergency Response Plan.

Required Signatures:

Teacher/Sponsor: _____ Date: _____

Principal Approval: _____ Date: _____

****Upon completion and Principal approval, the Event Teacher/Sponsor must distribute this form to all personnel attending the event in an official capacity.**

Approved by SBDM Council: _____
Date

RELATED PROCEDURES:

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

Review/Revised:6/28/2024