* Joey Jones to drive bus 608

STUDENTS 09.36 AP.21

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : _ FACULTY MEMBER(S) SPONSORING TRIP 4

TYPE OF TRIP (CHECK ONE): TCCHS Veteran's Day Program

Organization requesting the Trip / Organization responsible for Payment: ___

DESTINATION: TCCHS ADDRESS: Elkton

☐ Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP 11/12/24 DEPARTURE TIME: 8:30 RETURN TIME: 10:00 AM

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF: STUDENTS: 65 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 69

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: ☐ Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: ☐ Yes X No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Joey Jones
Lisa Sharp or Chuck Sadler
Meribeth Farlow Trish Knepper

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

Joey Jones 10/19/24

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____