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

SCHOOL _SOUTH TODD__ FACULTY MEMBER(S) SPONSORING TRIP _JENN OYLER_____

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION _TCCHS __ADDRESS ___ELKTON KY_____

□ Overnight; give name, address, phone of lodging _____

_____

DATE(S) OF TRIP_11-10-26_____ DEPARTURE TIME _8:30_ RETURN TIME _END OF PROGRAM____

SOURCE OF FUNDING FOR TRIP _BOE_____

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

NUMBER OF: STUDENTS __80_____FACULTY SPONSORS ____5_____TOTAL # OF PARTICIPANTS __85_____

EAP: Person contacted at venue to discuss EAP: _Lee Quarles_Person making contact: _Jenn Oyler_____

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

Does the venue have an Emergency Response Team: X Yes □ No If yes, how are they contacted: _school admin__

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

_Heather Frazier_____ __Rachel Meyer_____

_Sara Joines_____ __Ashly Wofford_____

_Katherine Cole_____ ___Carrie Tobar_____

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

Jennifer Oyler _____ 10-19-26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative Rael Meyer Date 10-19-26

.....

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 _____