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

SCHOOL _SOUTH TODD__ FACULTY MEMBER(S) SPONSORING TRIP _JENNIFER ADAM____

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: __BoE___

DESTINATION CHOIR TO ROTARY __ADDRESS ___POPS BUILDING, ELKTON KY_____

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

_____

DATE(S) OF TRIP_12-2-26_____ DEPARTURE TIME _1130_____ RETURN TIME _115____

SOURCE OF FUNDING FOR TRIP _DISTRICT_____

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

NUMBER OF: STUDENTS __10_____FACULTY SPONSORS ____1_____TOTAL # OF PARTICIPANTS __11_____

EAP: Person contacted at venue to discuss EAP: __Kathy Morgan____Person making contact: __J. Oyler_____

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

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

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

_Jennifer Adam_____

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

Jennifer Adam 11-4-26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative Paul Meyer Date 11-4-26

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 _____