STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE__10/2/26_____ □ Elementary X High School □ Guardian Angel

Faculty/Staff/Coach/Sponsor(s)__Austin Bralley_____

Date(s) of Trip ___Oct 24_____ Departure Time ___7:00am_____ Return Time ___6:00pm_____

If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip.* ***Also, staff are required to know where AED's are located if applicable. SEE BELOW.*

TYPE OF TRIP (CHECK ONE):

□ Classroom Field Trip, Specify Class _____□ Class Trip (i.e. Junior, Senior) ,Specify_____

□ Organization/Club Trip, Specify _____X Other (athletic, band), Specify__Marching Tigers_____

****DESTINATION**__Garrard Co HS_____Miles (one way) to destination:_125 Miles____ City/State _Lancaster, KY_____

□ Overnight: Give name of lodging and address _____

TRANSPORTATION (to be completed by Requestor)

□ FORM has been completed and approved by Brian Wever and is on the Transportation Spreadsheet.

****Does the trip exceed 100 miles**? X Yes □ No **If Yes, trip requires Board of Ed approval**. See Below.

□ Use of Common Carrier in Lieu of School Bus Procedure 09.36

□ Private Vehicle, if allowed by policy.SpecifyDriver(s)_____

Purpose/Educational Value_KMEA 3A Regionals__Number of days absent from school __0__

Number of: Students Going on Trip __~90___ Faculty/Staff__2__ Other Chaperones_8-10

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? X YES □ NO IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved

□Yes □No Principal _____ Signature Date _____

Trip Approved

□Yes □No Superintendent/Designee_____ _____ Signature Date _____

□Yes □No Board of Education if applicable _____ Signature Date _____

MUST COMPLETE PAGE 2 AS WELL and turn in with request form.

Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus (Teacher/Sponsor must complete with above form).

Sponsor Name (Your name) Austin Bralley

Destination/Venue Garrard Co HS

Venue Address 599 Industry Rd, Lancaster, KY 40444

Person or email contacted at venue to discuss EAP ON FILE

Position/Title of person contacted ON FILE

Date (s) of contact ON FILE

Is there an Automatic External Defibrillator (AED) on site X yes _____no

If yes, where is it located ON FILE

Does the venue have an emergency response team (ERT)? X yes _____no

Process to request (how will you request) AED and/or ERT if needed at the scene ON FILE

_____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP as follows:

- *Know Location of AEDs*
- *If possible, how to gain access*
- *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 9-1-1 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 Automated External Defibrillator (AED)*
    - *Continuing supporting the victim until the local EMS arrives and takes over care*
    - *Direct EMS to the scene*