# STUDENTS 09.36 AP.21

Field Trip Request Form

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the ~~Superintendent one (1) week in advance of the next scheduled meeting of the Board~~. Transportation department two (2) weeks in advance of the trip. Complete pertinent information on next page.

Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Departure \_\_\_\_\_\_\_\_\_\_ \*Time of Return \_\_\_\_\_\_\_\_\_\_\_\_

Approximate Mileage (one way) \_\_\_\_\_\_\_\_\_\_\_\_

Approximate Number of Students \_\_\_\_\_\_\_\_\_\_ Approximate Number of Adults \_\_\_\_\_\_\_\_\_\_\_\_

Number of Buses Required \_\_\_\_\_\_\_ Method of Transportation (if not school bus) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you stop for lunch? 🞏 Yes 🞏 No If “Yes”, where? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN.**

Number of Instructional Days lost \_\_\_\_\_ Justification: What is to be learned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the experience be used and evaluated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of chaperones (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

===========================================================================

**Trip Information**

**Financial Costs Method of Payment**

Mileage (estimate) $ \_\_\_\_\_\_\_\_\_\_ Student Payment \_\_\_\_\_

Driver (estimate) $ \_\_\_\_\_\_\_\_\_\_ School Activity Account \_\_\_\_\_

Hotel $ \_\_\_\_\_\_\_\_\_\_ Athletic Boosters \_\_\_\_\_

Meals $ \_\_\_\_\_\_\_\_\_\_ Band Boosters \_\_\_\_\_

Admission $ \_\_\_\_\_\_\_\_\_\_

**TOTAL $ \_\_\_\_\_\_\_\_\_\_**

===========================================================================

Requested by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Approved/Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Principal Date \_\_\_\_\_\_\_\_\_\_

Approved/Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Superintendent Date \_\_\_\_\_\_\_\_\_\_

===========================================================================

\_\_\_\_\_\_\_\_\_\_ Principal approval is required for all field trips.

\_\_\_\_\_\_\_\_\_\_ Superintendent approval is required for all field trips over 65 miles one (1) way.

\_\_\_\_\_\_\_\_\_\_ Superintendent approval is required for all overnight field trips.

===========================================================================

\*On school days, the return time should not exceed 2:00 pm.

# STUDENTS 09.36 AP.21

(Continued)

\_\_\_\_\_\_\_\_\_ I have an event-specific emergency action plan for the trip site and will distribute to all personnel

**Event Specific Emergency Action Plan (EAP)**

**for**

**School Sanctioned Nonathletic Event Held Off-Campus**

**Destination/Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person or email contacted at venue to discuss EAP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Title of person contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (s) of contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there an Automatic External Defibrillator (AED) on site \_\_\_yes \_\_\_\_no**

**If yes, where is it located\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does venue have an emergency response team (ERT)? \_\_\_\_\_yes \_\_\_\_\_\_no**

**Process to request AED and/or ERT if needed at the scene\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will a portable AED be taken from school on this trip \_\_\_\_\_yes\_\_\_\_\_\_no**

**If yes, who will be responsible for oversight and location of AED\_\_\_\_\_\_\_\_\_\_\_**

**Is any other assigned emergency equipment available on field trip? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, list location of equipment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The school personnel or volunteer attending in an official capacity that is in charge of the student is responsible for the main components of the EAP.**

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

• Location of AEDs

• If possible, how to gain access

• Steps that must be taken quickly to initiate the chain of survival

o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)

o Call 9-1-1 using cell phone or other means of communication

o Begin Hands-Only CPR (push hard and fast in center of chest about 100

times/minute)

o Retrieve and use the nearest Automated External Defibrillator (AED)

o Continuing supporting the victim until the local EMS arrives and takes over care o Direct EMS to the scene

attending the event in an official capacity

# STUDENTS 09.36 AP.21

# (Continued)

Field Trip Request Form

Requesting School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization/Team/Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Buses Required \_\_\_\_\_\_\_\_\_\_ Teacher(s)/Sponsor(s) in Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher(s)/Sponsor(s) in Charge Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Return (by 2:00 pm on school day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund Responsible for Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you stop for lunch? 🞏 Yes 🞏 No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need storage? 🞏 Yes 🞏 No

===========================================================================

**Transportation- Driver’s Report**

**Driver Assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Odometer Reading** | | **Time of Trip** | |
|  | End of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Time Started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Start of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Time Ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  | Total Miles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Total time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |  | |
| **Please check:** | | **Number of students transported \_\_\_\_\_\_\_** | |
|  | In city \_\_\_\_\_ | **Number of adults transported \_\_\_\_\_\_\_\_\_\_** | |
|  | Out of County\_\_\_\_\_ |  | |
|  | Dropped and Returned \_\_\_\_\_ |  | |
|  | Dropped – Waited – Returned \_\_\_\_\_\_ |  | |

|  |
| --- |
| **Driver’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Director of Transportation Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

===========================================================================

**CENTRAL OFFICE ONLY**

Amount Paid Driver $\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

===========================================================================

Related Procedure:

09.36 AP.211

Review/Revised:7/18/2016