# Draft 08/14/2023

# STUDENTS DY09.36 AP.21

School‑Related Student Trip Request Form

All requests for overnight trips shall be submitted two (2) months prior to the trip. All other trips shall submit requests two (2) weeks prior to the trip.

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Member(s) sponsoring trip ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Trip (check one):

🞏 Classroom Field Trip 🞏 Class (i.e., junior, senior) Trip, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Organization/Club Trip , specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other (athletic, band, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Out of State 🞏 Out of County 🞏 Within County 🞏 Overnight; give name, address, phone of lodging \_\_\_\_\_\_\_\_\_\_\_

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

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

Purpose/Educational Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***No student shall be denied the trip because of an inability to pay.***

Source of funding for trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bill trip expenses to:

🞏 sponsoring organization 🞏 school council 🞏 board 🞏 other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision: (Attach list of names of adults accompanying students on trip.)

 Number of: students \_\_\_\_\_\_\_\_ faculty sponsors \_\_\_\_\_\_\_\_ other chaperones \_\_\_\_\_\_\_\_

 Total # of Participants \_\_\_\_\_\_\_\_\_\_\_

 all chaperones have undergone the required records check and been designated by the

 principal/designee to supervise students? 🞏 Yes 🞏 No

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

in an official capacity. 🞏 Yes 🞏 No

Mode of Transportation:

 is district transportation needed? 🞏 no 🞏 yes, see procedure 09.36 AP.212.

 🞏 Certificated common carrier; specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞏 Private vehicle, if allowed by policy; specify driver(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 ***Signature of Faculty Sponsor Date***

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

 ***Signature of Principal Date***

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

 ***Signature of School Nurse Date***

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

 ***Signature of Food Service Director Date***

 ***(Only needed if field trip will cause students to miss lunch.)***

Trip has been 🞏 approved 🞏 disapproved. Reason for disapproval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 ***Signature of Superintendent/Designee Date***

**For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36**.

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

# STUDENTS DY09.36 AP.21

#  (Continued)

School‑Related Student Trip Request Form

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 who 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 100times/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