

TODAY'S DATE 8/24/23 Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Second Grade

Date(s) of Trip 4/12/24 Departure Time 7:30am Return Time 4:00 pm
from Beechwood Swim Club

**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 _____ Other (athletic, band), Specify _____

****DESTINATION** Connor Prairie Miles (one way) to destination: 126 City/State _____

Overnight: Give name of lodging and address 13460 Allisonville Rd. Fishers, IN 46038

TRANSPORTATION

Number of **Buses** needed (1 driver per bus unless otherwise indicated) or Suburban Van

**Plan to use charter buses (2).*

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

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Available Yes No Bus # _____ has been reserved.

Suburban Available Yes No

Van Available Yes No

Transportation Supervisor _____ Signature Date _____

Use of Common Carrier in Lieu of School Bus Procedure 09.36

Private Vehicle, if allowed by policy. Specify Driver(s) _____

Purpose/Educational Value engage in 1836 prairie town Number of days absent from school 1 Number of: Students Going on Trip 110 Faculty/Staff 6 Other Chaperones approx. 30 parent volunteers

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? 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] Signature Date 8/25/23

Trip Approved

Yes No Superintendent/Designee [Signature] Signature Date 8/25/23

Yes No Board of Education _____ Signature Date _____

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

Needs BOE approval.

Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus

(Teacher/Sponsor must complete with above form).

Destination/Venue Connor Prairie

Venue Address 13400 Allisonville Rd. Fishers, IN 46038

Person or email contacted at venue to discuss EAP Julia Luke (luke@connerprairie.org)

Position/Title of person contacted Guest Relations Education Coordinator

Date (s) of contact 8/24/23

Is there an Automatic External Defibrillator (AED) on site yes no

If yes, where is it located 8 AEDs available across Connor Prairie

*Please see Three Minute Response Plan for locations

Does the venue have an emergency response team (ERT)? yes no

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

duty from 9am - 5:30pm *Any staff member on the grounds can call the EMT to any location.
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

THE THREE MINUTE RESPONSE PLAN FOR AED LOCATION **AT CONNER PRAIRIE**

CURRENT LOCATIONS OF THE AED'S: (8)

- CHINESE HOUSE—IN THE STORAGE ROOM IMMEDIATELY SOUTH OF CHINESE HOUSE RESTROOMS
- WELCOME CENTER---UPSTAIRS ATRIUM BETWEEN THE EXECUTIVE DOORS. DOWNSTAIRS BY THE PUBLIC ELEVATOR
- EMT CART
- RIVER CROSSING—BY THE WEST WALL NEAR THE GIFT SHOP
- NECESSARY—INSIDE THE BREAKROOM ON NORTH WALL NEXT TO BENCH
- PRAIRIE HOUSE—BY THE KITCHEN WEST WALL
- PRESIDENT'S HOUSE—BY THE KITCHEN WEST WALL