

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

TODAY'S DATE 9/26/23 Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Taylor Walton / Austin Bralley

Date(s) of Trip 2/7/24 Departure Time 9:00 am Return Time W/A *students picked up by parents.*

**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 ALL STATE CHOIR/BAND

****DESTINATION** Galt House + Hyatt Regency Miles (one way) to destination: 90 City/State LOUISVILLE, KY

Overnight: Give name of lodging and address 140 N fourth st
320 W Jefferson st.

TRANSPORTATION

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

****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 _____ Number of days absent from school 2/3 Number of: Students Going on Trip TBD Faculty/Staff 3 Other Chaperones TBD

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 10/3/2023

Trip Approved

Yes No Superintendent/Designee [Signature] Signature Date 10/3/2023

Yes No Board of Education _____ 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).

Destination/Venue Galt House - 140 N Fourth St, Louisville, ky

Venue Address _____

Person or email contacted at venue to discuss EAP Jonayrah → front desk ~~is~~ ^{Math}

Position/Title of person contacted Manager → ~~TV~~ ^{Workman}

Date (s) of contact 9/13/23

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

If yes, where is it located 2nd floor of East Tower

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 _____

Call 502-589-5200

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

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

(Teacher/Sponsor must complete with above form).

Destination/Venue Hyatt Regency

Venue Address 320 W Jefferson St, Louisville, KY, 40202

Person or email contacted at venue to discuss EAP Brooklyn Phillips

Position/Title of person contacted front desk

Date (s) of contact 9/26/23

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

If yes, where is it located behind front desk, back office

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 _____

Call front desk

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
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