SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER,	SPECIFY PRIOR TO THE TRIP.
SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING T	
TYPE OF TRIP (CHECK ONE):	
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), speci	fy
☐ Organization/Club Trip, specify ☐	Other (athletic, band, if applicable) Basketto
DESTINATION Wastmoreland High School ADDRESS 4300 Hawkins Dr. P	HONE (615) 644-2280 Game
☑ Out of State ☐ Out of County ☐ Within County ☐ Within County	oreland, TN
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 12 8 23 DEPARTURE TIME 5:30 pm	RETURN TIME 9:300m
PURPOSE/EDUCATIONAL VALUE Basketball Game - Varsi	1+V
<u> </u>	
SOURCE OF FUNDING FOR TRIP BOYS BAEKE+ ball	
Attach a description of estimated expenses including,	but not limited to, lodging meals
registration, and all other anticipated travel expenses.	To again, moule,
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INARILITY TO PAY
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION D SCHOOL	OOL COUNCIL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS 15 FACULTY SPONSORS 5 OTHER O	
TOTAL # OF PARTICIPANTS	SIM BRONES
MODE OF TRANSPORTATION	•
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SE☐ CERTIFICATED COMMON CARRIER; SPECIFY	E PROCEDURE 09.36 AP.212.
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVE	CR(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING	STUDENTS ON TRIP.)
Have all chaperones undergone the required records	
principal/designee to supervise students? \( \sqrt{Yes} \) No	and book designated by the
Person contacted at venue to discuss EAP: EJ Perry Per	gan malring contacts
Is there an Automated External Defibrillator (AED) on site. The	No If the second
Is there an Automated External Defibrillator (AED) on site: Yes	No II yes, where:
Does the venue have an Emergency Response Team:   Ye  911  School trainer & SRO on Si-	s M No If yes, how are they contacted:
- · · · · · - •	
School Employee(s) Attending Trip (Please note beside name if employ	
Chris Carter  Bro	andon Dewitt
Trevor Carver	
Cole Arvin	**************************************
(Please use separate sheet and attach to this form if more space is needed	to list school employees attending).
Signature of Faculty Sponsor	11/29/23
Trip has been approved disapproved. Reason for disapproval	'Date
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the Superintendent a	and/or Board may be required by policy 09.36.
RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36	Review/Revised:9/18/2023
	KCVICW/KCVISCU:9/18/2U2.5

SUBMIT THIS FORM II ONE WEEK II TWO WEEKS II OTH	IER, SPECIFY PRIOR TO T	HE TRIP.
SCHOOL ACSHS FACULTY MEMBER(S) SPONSORI	para anti anno de la capación de la capación de la completa de la capación de la capación de la capación de la	
TYPE OF TRIP (CHECK ONE):		
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), sp		
☐ Organization/Club Trip, specify	☑ Other (athletic, band, if appl	icable) SOFTBALL
DESTINATION BATH COHS ADDRESS OWINGS VILLE	∠ PHONE	
☐ Out of State ☐ Out of County ☐ Within County K	Y REEL BRIDE REPORT	
Overnight; give name, address, phone of lodging		
DATE(S) OF TRIP 3-29 HIRU 3-30 DEPARTURE TIME 7:00 A		
DATE(S) OF TRIP 3-29 THE DEPARTURE TIME 7100 A	n_return time_//.45 pm	이 화진 등에 함께 되려는 것 같아 이 문의 화의 화장하는 것이 되어 하다.
PURPOSE/EDUCATIONAL VALUE SOFTBALL GAME	5 - REGULAR SEASON	
SOURCE OF FUNDING FOR TRIP SOFTBALL BOARD		
이 그는 사람들은 하는 이 사람들이 얼마나 되었다. 하는 사람들이 가려가 되었다면 하고 있는 사람들이 되는 것이 되었다면 하는 것이 없다면 하는 것이다.		
Attach a description of estimated expenses including	ig, but not limited to, lod	ging, meals,
registration, and all other anticipated travel expenses.	왕이는 경기 교육이 있었다는 이 시간에 보고 있습니다. 교육이 1970년 1일 전략 사람들이 경기를 보고 있습니다.	
NO STUDENT SHALL BE DENIED THE TRIP BECA		
BILL TRIP EXPENSES TO: □ SPONSORING ORGANIZATION □ S	CHOOL COUNCIL D BOARD D 07	THER, SPECIFY
NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 OTH TOTAL # OF PARTICIPANTS 28	ER CHAPERONES <u>~</u>	
MODE OF TRANSPORTATION		24. 7
IS DISTRICT TRANSPORTATION NEEDED? INO LYES	S, SEE PROCEDURE 09.36 AP.212.	RAD BONDS WILL DRIVE
☐ CERTIFICATED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DE	IVED(S)	WILL DRIVE
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANY		
Have all chaperones undergone the required recor		
principal/designee to supervise students?  Yes	vo	ated by the
Person contacted at venue to discuss EAP; HEAD COACH /AD  Is there an Automated External Defibrillator (AED) on site: The Yes	The If was the C	<u> ⊂06K</u>
Does the years been a Does the years by	I NO II yes, where: <u>Concession</u>	STAND / PRESS BOX
Does the venue have an Emergency Response Team: Ex Game Administration	Yes LI No It yes, how are t	hey contacted:
School Employee(s) Attending Trip (Please note beside name if em		
BRAD RONDS - YES	Dioyee is CPR trained);  PRICE - YES	B. BONDS
JEFF RIPPY - VES	P RICE - YES	<del>하다.</del> 그 나는 10 전시 10 개 1 전에 없다.
Ryley WHITNEY - VES		_ しのにし
		DRIV
(Please use separate sheet and attach to this form if more space is nee	ded to list school employees attending).	
BM2 0		
Signature of Faculty Sponsor	11-22-2	3
Trip has been approved	Date	
Thouse meshhoven reason to disabhovat		
114-2-	12/11/2	
Signature of Superintendent/Designee	- 12/0/2S	
사 (B. 1984)	xruie	그 그를 가득하다 하는 사람들은 다음을 하는 것

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.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

#### **Bus Itinerary Sheet**

3-29 amd 3-30

ACS @ Bath Co. Invitational in Owingsville, KY

3-29

Bus will depart toward Owingsville, KY

Bus will stop at a convenient market in Bardstown, KY then proceed to Lexington Bus will travel to a local restaurant in Lexington then proceed to a hotel in Owingsville. Bus will travel to Bath Co. HS for games and return to hotel.

3-30

Bus will go to games

Bus will go to local restaurant for lunch

Bus will go to go back to games

Bus will return home after games

Bus will then stop at local restaurant for dinner

Bus will stop at a convenience store in Bardstown and proceed home

Bb

SUBMIT THIS FORM 🔲 ONE WEEK 🖂 TWO WEEKS 🗘 OTHER	SPECIFY PRIOR TO THE TRIP	
SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING	the source of the state of the	
TYPE OF TRIP (CHECK ONE):		
☐ Classroom Field Trip☐ Class Trip (i.e., junior, senior), spec		
☐ Organization/Club Trip , specify	Other (athletic, band, if applicable)	SOFTBALL
DESTINATION Westmereland HS ADDRESS Wistmereland To Out of County Within County	HONE	
☐ Overnight; give name, address, phone of lodging		
— overment, give name, address, phone of lodging		
DATE(S) OF TRIP 4-30-24 DEPARTURE TIME 4100 pm	PETTIRN TIME 9:20:00	
PURPOSE/EDUCATIONAL VALUE SOFTBALL GAMES	- REGULAR SEASON	
SOURCE OF FUNDING FOR TRIP SOFTBALL BOARD		
Attach a description of estimated expenses including,	but not limited to, lodging.	meals.
registration, and all other anticipated travel expenses.	. (1985년 - 1985년 - 1 - 1985년 - 1985	
NO STUDENT SHALL BE DENIED THE TRIP BECAUS	E OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO:   SPONSORING ORGANIZATION   SCHOOL		SPECIFY
NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 OTHER		
TUTAL#OF PARTICIPANTS <u>28</u>		
MODE OF TRANSPORTATION	BRAD	BONDS
IS DISTRICT TRANSPORTATION NEEDED? IN DIVES, SI	EE PROCEDURE 09.36 AP.212.	BONDS L DRIVE
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVI	ER(S)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING	I STUDENTS ON TRIP.)	
Have all chaperones undergone the required records	check and been designated	hy the
principal/designee to supervise students? Yes No		
Person contacted at venue to discuss EAP: <u>HEAD COACH AD</u> Pe Is there an Automated External Defibrillator (AED) on site: WYes	No If you are a company to the compa	<u> </u>
Does the verms have as E	No II yes, where: CONCESSION STAND	PRESS BO)
Does the venue have an Emergency Response Team: EYYG	s Li No if yes, how are they co	ontacted:
		77
School Employee(s) Attending Trip (Please note beside name if employeence BRAD ROUS - YES NIP		B. Bon
JEFF RIPPY - VES	AICE - YES	wii
Ryley WHITNEY - YES		$\supset$
		$\mu$
(Please use separate sheet and attach to this form if more space is needed	to list school employees attending).	
Bulkerl		
Signature of Faculty Sponsor	11-22-23 Date	
Trip has been 🗆 approved 🗀 disapproved. Reason for disapproval		
Signature of Superintendent/Designee	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
For overnight and/or out-ot-state trips, approval of the Superintendent	Date	
RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36	6 AP 212	<b>50.</b>
6 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Review/Revised:9/	18/2022
	1>//.123	10/2023

SUBMIT THIS FORM	□ OTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL <u>ACSHS</u> FACULTY MEMBER(S) SPONS	
TYPE OF TRIP (CHECK ONE):	
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senio	r), specify
☐ Organization/Club Trip, specify  DESTINATION TRIPLE CAFEL ADDRESS Gallatin,	Other (athletic, band, if applicable) SoftBALL
Out of State Wout of County Within County	// PHONE
Overnight; give name, address, phone of lodging	현실에 되는 이 경영에 중심한 경영에 가장 보고 있다. 그리고 그 전에 가장 하는 것이 되었다.
1)-10-27	
DATE(S) OF TRIP 4-19-24 DEPARTURE TIME 3:1. PURPOSE/EDUCATIONAL VALUE SOFTBALL GA	5 pm return time 9:30 pm MES - REGULAR SEASON
TORTOSE/EDUCATIONAL VALUE SOFTBALC GA	MES - REGULAR SEASON
SOURCE OF FUNDING FOR TRIP SOFTBALL BOARD	
Attach a description of estimated expenses incl	uding, but not limited to lodging meals
registration, and all other anticipated travel expenses	3)
NO STUDENT SHALL BE DENIED THE TRIP	사람이들은 그 전에 가장 바다는 그 그들은 회사는 되었다면 하나 바다 하는 그는 그는 그는 사람들이 되었다면 되었다면 되었다.
BILL TRIP EXPENSES TO: $\square$ SPONSORING ORGANIZATION	
NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 28	
MODE OF TRANSPORTATION	
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO   ☐ CERTIFICATED COMMON CARRIER; SPECIFY	WILL DRIVE
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIES SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOM	
Have all chaperones undergone the required reprincipal/designee to supervise students? Yes	□ No
Person contacted at venue to discuss EAP: HEAD COACH /AL	Person making contact P. Bows / C. Cook
Is there an Automated External Defibrillator (AED) on site:	Yes I No If yes, where: CONCESCION STAND 1 DRESS ROW
Does the venue have an Emergency Response Team: GAME ADMINISTRATION	Yes I No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name i	f employee is CPR trained):
BRAD BONDS - YES	NIP RICE - YES BO
JEFF KIPPY - YES	$w_{i}$
KYLEY WHITNEY - YES	<u>. 보고 보고 있는 경험을 보고 있는 것을 하는 것을 통해 있었다. 회사 회사를 보고 있는 것은 것을 보고 있는 것을 받는 것</u>
(Please use separate sheet and attach to this form if more space	is needed to list school employees attending)
B 00 1	
Signature of Faculty Sponsor	11-22-23
Trip has been  approved  disapproved. Reason for disapproval	Date
Thouse matheoretic resont for disablioval	사용하다 그 등록 전 경영화 등에 가입하면 하는 것 같아. 이 경영화는 것 같아 되었다. 사용하는 사용하는 사용하는 것 같아 하는 것 같아. 사용하는 것 같아 나는 것 같아.
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the Superi	ntendent and/or Board may be required by policy 09.36.
RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.2	등이 없는 경기를 하는 것만 되었다면 하면 경험에 들어가 하는 말이 사용 중에서 되었다. 그리고 나가 하고 말을 하다면 먹는 것은 것은 것은 것이다.
	Review/Revised:9/18/2023
	12/4/23

SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP J. BYRN	
TYPE OF TRIP (CHECK ONE):	
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify	
GOrganization/Club Trip, specify SCIENCE OLYMPAD D Other (athletic, band	d, if applicable)
DESTINATION OVERTON HIGH ADDRESS 4820 FRANCISCOPHONE	, 11 ,
Out of State Out of County Within County Nosh ville TN	
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 1/27/24 DEPARTURE TIME RETURN TIME	TBD
PURPOSE/EDUCATIONAL VALUE SCIENCE OLYMPIAO	
IN VITATIONAL	
SOURCE OF FUNDING FOR TRIP	
Attach a description of estimated expenses including, but not limited	to, lodging, meals,
registration, and all other anticipated travel expenses.	, , ,
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PA	4 Y.
BILL TRIP EXPENSES TO: □ SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOA	
	,
NUMBER OF: STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS	
MODE OF TRANSPORTATION	•
IS DISTRICT TRANSPORTATION NEEDED? IN NO TYPES, SEE PROCEDURE 09.36 AP.	212
□ CERTIFICATED COMMON CARRIER; SPECIFY	
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	<del></del>
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)	
Have all chaperones undergone the required records check and been	designated by the
nrincinal/designee to supervise students? $\square$ Ves. $\square$ No.	•
Person contacted at venue to discuss EAP:  Yes Person making contact:  Is there an Automated External Defibrillator (AED) on site:  Yes INO  Person making contact:  Yes INO  No If yes where:	Jerany
Is there an Automated External Defibrillator (AED) on site: Wes T No. If year whore:	11 000115
Does the venue have an Emarconary Desmante Trans. I W. F. J. J.	IN OFFICIE
Does the venue have an Emergency Response Team:   Yes No If yes, how	w are they contacted:
School Employages Attending Trip (Diagram to Local Land Company)	W.C. a
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	- res
30.2.7 \$17	
(Please use separate sheet and attach to this form if more space is needed to list school employees a	ttending).
	,
10/12	-/23
Signature of Faculty Sponsor Date	/
Trip has been □ approved □ disapproved. Reason for disapproval	
Gi	
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.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

SUBMIT THIS FORM	ONE WEEK	☐ TWO WEEKS	☐ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL ACSHS	FACULT	TY MEMBER(S) SP	ONSORING TRIP C	The same of the sa
TYPE OF TRIP (CHECK ONE	E):			
Classroom Field Tr	ip 🗖 Class Trip	(i.e., junior, se	nior), specify	
Organization/Club  DESTINATION Gallatin H	Trip, specify <u>/</u>	Acadomic Team.		athletic, band, if applicable)
DESTINATION Gallatin H	igh School AD	DRESS <u>Gallatin</u>	TN PHONE _	
Out of State C	of County	☐ Within Cou	nty	
☐ Overnight; give nar	ne, address, pn	one or loaging_		
DATE(S) OF TRIP 2-3-	-34 DEP	ADTUDE TIME 6	:45 AM DETUDN	S-000M
PURPOSE/EDUCATIONAL V	ALUE Summer	County Ir	vitational NAG	IT Townsont
SOURCE OF FUNDING FOR				
Attach a description	of estimated	d expenses in	ncluding, but no	t limited to, lodging, meals,
registration, and all otl	ner anticipated	l travel expens	es.	,
NO S	TUDENT SHALL B	E DENIED THE TR	IP BECAUSE OF AN IN	
Gifted 4 Talated	: D SPONSORIN	G ORGANIZATIO	N   SCHOOL COUN	NCIL D BOARD POTHER, SPECIFY
NUMBER OF: STUDENTS ~ TOTAL # OF PART	A FACULTY	sponsors	OTHER CHAPERO	NES
MODE OF TRANSPORTATIO IS DISTRICT TRAN □ CERTIFICATED □ PRIVATE VEHIC	SPORTATION NE	IER; SPECIFY	YES, SEE PROCEI	DURE 09.36 AP.212.
SUPERVISION (ATTACH L)				SCONTENTS
				and been designated by the
principal/designee to s	upervise stude	ents? <b>Y</b> es	□ No	and been designated by the
Person contacted at venue	to discuss EAP:	Brian Hoover	Person makir	ng contact: Adam Cnaltree
Is there an Automated External Defibrillator (AED) on site: Yes \( \subseteq \) No If yes, where: \( \subseteq \)				
Does the venue have See attach 2	an Emergency	Response Tean	n: 🗹 Yes 🗖 No	If yes, how are they contacted:
School Employee(s) Attended Adam Crabtree	ling Trip (Please	note beside name	e if employee is CPR	trained):
		<del></del>		
* · · · · · · · · · · · · · · · · · · ·				
/DI				
(Please use separate she	et and attach to thi	s form if more spac	e is needed to list school	ol employees attending).
Milm In				11-20-23
Signature	of Faculty Spons	or		Date
Trip has been approved	☐ disapproved. Re	eason for disapprov	al	
1	<del>1</del>			11/21/22
Signature of Superi	ntenden Designe	e	_	Date
For overnight and/or o	-	nroval of the Suna	rintendent and/or Poore	

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

SUBMIT THIS FORM	ONE WEEK	□ TWO WEEKS	LOTHER, SPECIFY	month	PRIOR TO THE TRIP.
SCHOOL ACSH.	S FACULT	Y MEMBER(S) SP	ONSORING TRIP	T. Coon	
TYPE OF TRIP (CHECK (		.,			
☐ Classroom Field	Trip ☐ Class Trip	(i.e., junior, se	nior), specify		
☐ Organization/Cl	ib Trip, specify	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other	(athletic, Kar	nd) if applicable)
DESTINATION Summi	+ HIS AD	DRESS Z830	Thake	615-472	-5100
Out of State [	Out of County	□ Within Cou	inty Drive Spy	ing HILL TN	37174
☐ Overnight; give	name, address, ph	one of lodging		O ·	
		<i>2 2</i> .			
DATE(S) OF TRIP	77 2 DEP	ARTURE TIME	TBA RETUR	NTIME TR	A
PURPOSE/EDUCATIONA	L VALUE Win	tergoand	Contest		`\
	*	<i>y</i>			
SOURCE OF FUNDING F	ORTRIP_Bench	Account			
Attach a descripti	on of estimate	d expenses i	ncluding, but r	ot limited	to, lodging, meals,
registration, and all					, 10 mg, 11 mg,
	· · · · · · · · · · · · · · · · · · ·		RIP BECAUSE OF AN	IMARII ITV TO	DAV
					ARD OTHER, SPECIFY
	, ,				ARD LI OTHER, SPECIFY
NUMBER OF: STUDENTS TOTAL # OF PA	S <u>40   </u> faculty articipants <u> </u>	sponsors	OTHER CHAPER	ONES O	·
MODE OF TRANSPORTA	TTON				•
IS DISTRICT T	RANSPORTATION N	EEDED? INO	YES, SEE PROC	EDURE 09.36 A	P.212.
D PRIVATE VE	TED COMMON CARR CHICLE, IF ALLOWE	IER; SPECIFY D RV POLICY: SPE	CTEV DDIVED(S)	-	_
SUPERVISION (ATTAC				NTC ON TOTAL	<u></u>
•				•	
				and been	n designated by the
principal/designee	to supervise stud	ents? 🛛 Yes	s □ No	•	- 0 (
Person contacted at ver Is there an Automated	nue to discuss EAP:		Person ma	king contact:	Tyler look
Is there an Automated	External Defibrillate	or (AED) on site:	☐ Yes ☐ No If yo	es, where:	
Does the venue har	ve an Emergency	Response Tea	ım: 🗆 Yes 🗖 N	No If yes, h	now are they contacted:
School Employee(s) A		e note beside nar	ne if employee is Cl	PR trained):	•
- Tyler Co	ه٧٧				
				· · · · · · · · · · · · · · · · · · ·	
		<del></del>			
(Dlagga 2222 2222)		• • • • • •			
(Flease use separat	seneet and attach to the	us form if more sp	ace is needed to list so	chool employee	s attending).
/ /cgl	L GON	1		,	12/8/27
Sign	ture of Faculty Spon	<del></del>		Da	ite 7
Trip has been approve	d 🗖 disapproved. I	Reason for disappro	nva1	<u> </u>	
1		·			
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature of S	uperintendent/Design	ee	<del></del>	<del></del>	Date
For overnight and	Vor out-of-state trips,	approval of the Sur	perintendent and/or Bo	oard may be red	quired by policy 09.36.
RELATED PROCEDU	<b>RES:</b> 09.36 AP.1, 09	.36 AP.21, 09.36 A	AP.211, 09.36 AP.212	•	<u> </u>
(<					iew/Revised:9/18/2023

SUBMIT THIS FORM 🗆 ONE WEEK 🗆 TWO WEEKS	☐ OTHER, SPECIFY,	PRIOR TO THE TRIP.
SCHOOL FACULTY MEMBER(S) SPONS	ORING TRIP DI. IIA	Chutin
TYPE OF TRIP (CHECK ONE):	Burrel	graph
Classroom Field Trip Class Trip (i.e., junior, senior		uel Nimara
Destination Vimilia Trip, specify Destination Vimilia Dress  2	Other (athletic, bar	nd, if applicable)
Out of State Out of County Within County	PHONE 615 32	47050
Overnight; give name, address, phone of lodging	h Momma III	
— to W	10 7	
DATE(S) OF TRIP WALL DEPARTURE TIME	RETURN TIME 2:	30? TBD
PURPOSE/EDUCATIONAL VALUE	CMU NWSING	_ , , ,
Tixtucal ormits to tow Yundy	1914 and twell	Drs. NWSW, est
SOURCE OF FUNDING FOR TRIP	W Way	•
Attach a description of estimated expenses inclu-	iding, but not limited	to, lodging, meals,
registration, and all other anticipated travel expenses.		
NO STUDENT SHALL BE DENIED THE TRIP B.  BILLY TRIP EXPENSES TO: II SPONSOPING ORGANIZATION.	ECAUSE OF AN INABILITY TO F	PAY.
TRIP EXPENSES TO: I SPONSORING ORGANIZATION I	I SCHOOL COUNCIL D BOA	ARD D OTHER, SPECIFY
NUMBER OF: STUDENTS FACULTY SPONSORS CONTROL # OF PARTICIPANTS V	OTHER CHAPERONES	-
MODE OF TRANSPORTATION  DISTRICT TRANSPORTATION NEEDED?  DISTRICT TRANSPORTATION NEEDED?  DISTRICT TRANSPORTATION NEEDED?	XES, SEE PROCEDURE 09.36 AI	P.212.
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY	DRIVER(S)	****
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPA		
Have all chaperones undergone the required rec principal/designee to supervise students?  Yes	cords check and been	designated by the
Person contacted at venue to discuss EAP	) n	LAWELL DO AL O
Is there an Automated External Defibrillator (AED) on site: Y	Person making contact:	Law a Call-to
Does the venue have on Emergence Beauty T	es \( \subseteq \text{No If yes, where:} \)	
Does the venue have an Emergency Response Team:	Yes U No It yes, ho	w are they contacted:
School Employee(s) Attending Trip (Please note beside name if	employee is CPR trained):	
Leura Cartir -no Marchan Rutteder -ver		
(Please use separate sheet and attach to this form if more space is	needed to list school employees	attending).
Signature of Faculty Sponsor	12-	4-25
	Date	
Trip has been approved disapproved. Reason for disapproval		
1 mg	12-	8-23
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.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212



# Emergency Management

(https://emergency.vanderbilt.edu/)

(https://emergency.vanderbilt.edu/) / VU (https://emergency.vanderbilt.edu//vu/) / Emergency Operation Plans

# **Emergency Operation Plans**

#### Campus EOP

The Vanderbilt University Campus Emergency Operations Plan is a comprehensive framework to how and when the University will respond to a campus emergency.

The Campus EOP can be found here (/vu/Vu-EOP-2019-2.pdf).

#### Departmental EOP

The Departmental Emergency Operations Plan's primary purpose is to establish response procedures in conjunction with the Campus Emergency Preparedness program that mitigate danger and protect the safety and well-being of students, faculty, staff, and visitors in the event that an emergency occurs at Vanderbilt University.

- VUMC Department of Emergency Preparedness (/vumc/index.php)
- Vanderbilt Environmental Health and Safety (http://www.safety.vanderbilt.edu/)
- Vanderbilt Adult Emergency Department (http://www.mc.vanderbilt.edu/root/vumc.php?site=adulted)
- VUMC Department of Infection Prevention (http://www.mc.vanderbilt.edu/root/vumc.php?site=infectioncontrol)





(/severe-weather-awareness.php)

Vanderbilt University Office of Emergency Management, 111 28th Ave S - Nashville, TN 37212

Vanderbilt Environmental Health & Safety, A-0201 MCN · 1161 21st Avenue, South · Nashville, TN 37232-2665

VUMC Emergency Preparedness B-0312, MCN · 1161 21st Avenue South · Nashville, TN 37232-2625

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