

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Napier

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) Basketball Game

DESTINATION Westmoreland High School ADDRESS 4300 Hawkins Dr. PHONE (615) 644-2280

- Out of State Out of County Within County Westmoreland, TN
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/8/23 DEPARTURE TIME 5:30pm RETURN TIME 9:30pm

PURPOSE/EDUCATIONAL VALUE Basketball Game - Varsity

SOURCE OF FUNDING FOR TRIP Boys Basketball

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 PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 5 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 20

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) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Person contacted at venue to discuss EAP: EJ Perry Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911 School trainer + SRO on site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Casey Napier _____ Brandon Dewitt _____
Chris Carter _____
Trevor Carver _____
Cole Arvin _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Casey Napier
Signature of Faculty Sponsor

11/29/23
Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> 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.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 9/18/2023
11/30/23

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP B. BONDS / J. RIPPY

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) SOFTBALL

DESTINATION Barth Co HS ADDRESS Owingsville PHONE _____

- Out of State
- Out of County
- Within County Ky
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-29 thru 3-30 DEPARTURE TIME 7:00 AM RETURN TIME 11:45 PM

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.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 OTHER CHAPERONES 2
 TOTAL # OF PARTICIPANTS 28

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) _____

BRAD BONDS
WILL DRIVE

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Person contacted at venue to discuss EAP: HEAD COACH / AD Person making contact B. BONDS / C. COOK

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: CONCESSION STAND / PRESS BOX

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

GAME ADMINISTRATION

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

BRAD BONDS - YES
JEFF RIPPY - YES
RYLEY WHITNEY - YES

NIP RICE - YES

B. BONDS
WILL
DRIVE

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Brad Bonds
Signature of Faculty Sponsor

11-22-23
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

12/6/23
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

Bus Itinerary Sheet

3-29 and 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

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP B. BONDS / J. RIPPY

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) SOFTBALL

DESTINATION Westmoreland HS ADDRESS Westmoreland PHONE _____

- Out of State Out of County Within County TN
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-30-24 DEPARTURE TIME 4:00 pm RETURN TIME 9:30 pm

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.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 28

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) _____

BRAD BONDS
WILL DRIVE

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Person contacted at venue to discuss EAP: HEAD COACH / AD Person making contact: B. BONDS / C. COOK

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: CONCESSION STAND / PRESS BOX

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted:

GAME ADMINISTRATION

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

BRAD BONDS - YES
JEFF RIPPY - YES
RYLEY WHITNEY - YES

NIP RICE - YES

B. BONDS
WILL
DRIVE

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Brad Bonds
Signature of Faculty Sponsor

11-22-23
Date

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

[Signature]

Review/Revised: 9/18/2023

12/6/23

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY	PRIOR TO THE TRIP.
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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP B. BONDS / J. RIPPY

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) SOFTBALL

DESTINATION TRIPLE CREEK ADDRESS Gallatin, TN PHONE _____

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-19-24 DEPARTURE TIME 3:15 pm RETURN TIME 9:30 pm

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.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 28

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) _____

*BRAD BONDS
WILL DRIVE*

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Person contacted at venue to discuss EAP: HEAD COACH / AD Person making contact B. BONDS / C. COOK

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: CONCESSION STAND / PRESS BOX

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted:

GAME ADMINISTRATION

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

BRAD BONDS - YES

JEFF RIPPY - YES

RYLEY WHITNEY - YES

NIP RICE - YES

*B. BONDS
WILL
DRIVE*

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Brad Bonds
Signature of Faculty Sponsor

11-22-23
Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 9/18/2023

12/4/23

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

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 _____
- Organization/Club Trip, specify SCIENCE OLYMPIAD Other (athletic, band, if applicable) _____

DESTINATION OVERTON HIGH ADDRESS 4820 FRANKLIN PHONE _____

- Out of State Out of County Within County Nashville TN
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/27/24 DEPARTURE TIME _____ RETURN TIME _____ TBD

PURPOSE/EDUCATIONAL VALUE SCIENCE OLYMPIAD
INVITATIONAL

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 PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 31

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) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Person contacted at venue to discuss EAP: Shannon Vaughan Person making contact: Jeremy Byrn

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: MAIN OFFICE

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): YES

SELEMY BYRN

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

10/12/23
Date

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

Review/Revised: 9/18/2023

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Crabtree

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify Academic Team Other (athletic, band, if applicable) _____

DESTINATION Gallatin High School ADDRESS Gallatin, TN PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2-3-24 DEPARTURE TIME 6:45 AM RETURN TIME 5:00 PM

PURPOSE/EDUCATIONAL VALUE Sumner County Invitational NAQT Tournament

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 PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY Gifted & Talented

NUMBER OF: STUDENTS ~12 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 13

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) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Person contacted at venue to discuss EAP: Brian Hoover Person making contact: Adam Crabtree

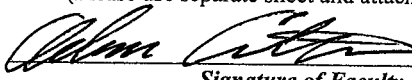
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: see attached

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: See attached

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Adam Crabtree

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

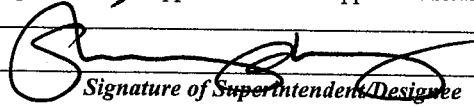


Signature of Faculty Sponsor

11-20-23

Date

Trip has been approved disapproved. Reason for disapproval _____



Signature of Superintendent/Designee

11/21/23

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

Review/Revised:9/18/2023

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY Month PRIOR TO THE TRIP.

SCHOOL ACS HS FACULTY MEMBER(S) SPONSORING TRIP T. Coon

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band) if applicable _____

DESTINATION Summit HS ADDRESS 2830 Twin Lakes Drive PHONE 615-472-5700
 Out of State Out of County Within County Drive Spring Hill, TN 37174
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/27/24 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE Winterguard Contest

SOURCE OF FUNDING FOR TRIP Band Account

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 PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 2 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 42

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) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Person contacted at venue to discuss EAP: _____ Person making contact: Tyler Coon

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Tyler Coon _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Tyler Coon
Signature of Faculty Sponsor

12/8/23
Date

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

Review/Revised:9/18/2023

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL HECFC FACULTY MEMBER(S) SPONSORING TRIP Burke / Carter

TYPE OF TRIP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION Vanderbilt Medical Center ADDRESS 1211 Murky PHONE 615 322 5000

Out of State Out of County Within County Dr Nashville ITN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP TBD - Sun Feb 12 DEPARTURE TIME 11:40? RETURN TIME 2:30? TBD

PURPOSE/EDUCATIONAL VALUE Take Pre Med and Nursing Medical students to tour Vanderbilt and talk to Drs. NWSU, etc

SOURCE OF FUNDING FOR TRIP Perkins or United Way

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 PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2-3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 48

MODE OF TRANSPORTATION DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: Johnny Vanderpool Person making contact: Laura Carter

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Julianne Beuking - yes _____

Laura Carter - no _____

Miriam Rutledge - yes _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor _____ Date 12-4-23

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____ Date 12-8-23

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

Review/Revised:9/18/2023

Emergency Management

DIVISION OF ADMINISTRATION

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

[🏠 \(https://emergency.vanderbilt.edu/\)](https://emergency.vanderbilt.edu/) / [VU \(https://emergency.vanderbilt.edu/vu/\)](https://emergency.vanderbilt.edu/vu/) / Emergency Operation Plans

Emergency Operation Plans

Campus EOP

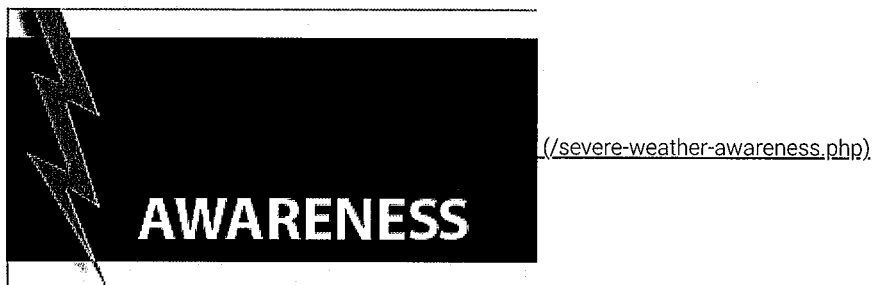
The Vanderbilt University Campus Emergency Operations Plan is a comprehensive framework to how and when the University will respond to a campus emergency.

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



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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