

Request to Place an Item on the Agenda

Name: Band - Mr. Dipasquale

Address:

Telephone number: (270) 265-2504

Name of school children attend, if applicable: All district

Group represented: Band - ~~the~~ Band

Check if request was submitted to  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: Permission to travel to Bowling Green for the All District Band at wk 4 on 1/4-1/4

Check if you are:  Board Member  District Employee  Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL JCCMS FACULTY MEMBER(S) SPONSORING TRIP DiPasquale

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Band

DESTINATION WKU - All District Band ADDRESS WKU

Overnight; give name, address, phone of lodging Hyatt Place Bowling Green  
1347 Center St. Bowling Green

DATE(S) OF TRIP 1-4 - 1-6 DEPARTURE TIME 2:00 PM RETURN TIME 2:00 PM

SOURCE OF FUNDING FOR TRIP Band account

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

NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 6

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: \_\_\_\_\_

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

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):

Heather DiPasquale

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

[Signature] Signature of Faculty Sponsor Date 12-8-2023

Approval of Site Based Council Representative [Signature] Date 12-14-23

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments: \_\_\_\_\_

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Todd County Central High School**

**Non-Athletic Event-Specific Emergency Action Plan (EAP)**

Event Teacher/Sponsor: M. DiPasquale Cell Phone Number: 270-799-3006

Destination/Venue Address: Western Kentucky University

School Employee(s) Attending Trip and Cell Number(s) (Please note beside name if employee is CPR Certified):

Mike DiPasquale 270-799-3006

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

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

List Students with Medical Needs (Diagnosis/Condition): List Medication Trained Employee Assigned to Each Student's Care:

Jeremy Tomlinson - M. DiPasquale

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

(Please use separate sheet and attach to this form if more space is needed for student(s) with medical needs)

Trip Location Contact Person: Gary Schollert Phone Number: 270-745-5893

EAP Contact Person to Discuss Venue EAP (if different than above): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position/Title of Person Contacted: Director of Band

Who made the contact: M. DiPasquale

Date(s) of Contact: 12-15-2023

Does venue location have an EAP?  Yes  No

Will a portable automatic external defibrillator (AED) be taken from school?  Yes  No

If yes, name and cell phone number of person on trip responsible for oversight and location of AED: \_\_\_\_\_

Is any other school emergency equipment available?  Yes  No

If yes, list emergency equipment items and location: \_\_\_\_\_

If yes, name and cell phone number of person on trip responsible for oversight of other emergency equipment: \_\_\_\_\_

Does the venue location have an emergency response team (ERT):  Yes  No

If yes, list names and contact information in order of available contacts: \_\_\_\_\_

If yes, will members of the emergency response team be available in the event of a medical emergency during the school event: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the venue location have an AED on site?  Yes \_\_\_\_\_ No

If yes, list location(s): von meyer, music Hall, dining hall, hotel

Describe process to request AED and/or ERT, if needed: \_\_\_\_\_

Is access to emergency transport available at the destination/venue? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of emergency transport organization and phone number: 911

### Non-Athletic Event-Specific Cardiac Emergency Response Plan

- Location of AEDs, if any: see above
- How to gain access to nearest AED: \_\_\_\_\_
- 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 911 using cell phone or other means of communication
  - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
  - Someone certified in CPR (a school employee or venue employee) should retrieve and use the nearest AED, if available
  - Continue supporting the victim until the local EMS arrives and takes over care
  - Direct EMS to the scene

School personnel attending the event in an official capacity are responsible for implementation of the EAP, including the Cardiac Emergency Response Plan.

**Required Signatures:**

Teacher/Sponsor: M. DiPietro  
Principal Approval: [Signature]

Date: 12-15-2023  
Date: 12-15-23

**\*\* Upon completion and Principal approval, the Event Teacher/Sponsor must distribute this form to all personnel attending the event in an official capacity.\*\***

Approved by SBDM Council: 11/27/2023

Request to Place an Item on the Agenda

Name: Band - mr. Dipasquale

Address: \_\_\_\_\_

Telephone number: (270) 265-2504

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: Band - Honors band

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Travel

Specific Action Requested: Permission to travel to Bowling Green on 1/25 - 1/27 for the WKU Honors Band

Check if you are:  Board Member  District Employee  Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Dipazavale

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Band

DESTINATION WILV Honors Band ADDRESS 16V

Overnight; give name, address, phone of lodging Hwy 221 Place Bowling Green  
1347 Center St.

DATE(S) OF TRIP 1-25 - 1-27 DEPARTURE TIME 2:00 PM RETURN TIME 3:00 PM

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 5

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: \_\_\_\_\_

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

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):

Mike Dipazavale

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

[Signature]  
Signature of Faculty Sponsor

12-8-2023  
Date

Approval of Site Based Council Representative [Signature]

Date 12-14-23

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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**Todd County Central High School**

**Non-Athletic Event-Specific Emergency Action Plan (EAP)**

Event Teacher/Sponsor: M. DiPasquale Cell Phone Number: 270-799-3006

Destination/Venue Address: Western Kentucky University

School Employee(s) Attending Trip and Cell Number(s) (Please note beside name if employee is CPR Certified):

Heather DiPasquale 270-293-3428

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

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

List Students with Medical Needs (Diagnosis/Condition): List Medication Trained Employee Assigned to Each Student's Care:

Jimmy Tomlinson - H. DiPasquale

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

(Please use separate sheet and attach to this form if more space is needed for student(s) with medical needs)

Trip Location Contact Person: Gary Scholter Phone Number: 270-745-5893

EAP Contact Person to Discuss Venue EAP (if different than above): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position/Title of Person Contacted: Director of Bands

Who made the contact: M. DiPasquale

Date(s) of Contact: 12-15-2023

Does venue location have an EAP?  Yes  No

Will a portable automatic external defibrillator (AED) be taken from school?  Yes  No

If yes, name and cell phone number of person on trip responsible for oversight and location of AED: \_\_\_\_\_

Is any other school emergency equipment available?  Yes  No

If yes, list emergency equipment items and location: \_\_\_\_\_

If yes, name and cell phone number of person on trip responsible for oversight of other emergency equipment: \_\_\_\_\_

Does the venue location have an emergency response team (ERT):  Yes  No

If yes, list names and contact information in order of available contacts: \_\_\_\_\_

If yes, will members of the emergency response team be available in the event of a medical emergency during the school event:  Yes  No

Does the venue location have an AED on site?  Yes  No

If yes, list location(s): Van Meter, Music Hall, J. King Hall, Hotel

Describe process to request AED and/or ERT, if needed: \_\_\_\_\_

Is access to emergency transport available at the destination/venue?  Yes  No

If yes, name of emergency transport organization and phone number: 911

### Non-Athletic Event-Specific Cardiac Emergency Response Plan

- Location of AEDs, if any: see above
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- Steps that must be taken quickly to initiate the chain of survival:
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**Required Signatures:**

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Principal Approval:  Date: 12-15-2023

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Approved by SBDM Council: 11/27/2023