

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP M. DiPasquale

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Band

DESTINATION Murray State U. ADDRESS _____

Overnight; give name, address, phone of lodging Best Western University Inn
1503 N 12th St Murray, Ky 42071

DATE(S) OF TRIP Feb 22-24 DEPARTURE TIME 9:22 PM RETURN TIME 2:24 PM

SOURCE OF FUNDING FOR TRIP Activities Account

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

NUMBER OF: STUDENTS 6 **FACULTY SPONSORS** 1 **TOTAL # OF PARTICIPANTS** 7

EAP: Person contacted at venue to discuss EAP: Brent Johnson Person making contact: M. DiPasquale

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Mike DiPasquale

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

M. DiPasquale
Signature of Faculty Sponsor

1-24-2024
Date

Approval of Site Based Council Representative [Signature] Date 1-25-24

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 _____