STUDENTS	09.36 AP.21
	m & Event Specific Emergency Action Plan (EAP)
	TY MEMBER(S) SPONSORING TRIP Thris Luna
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization	responsible for Payment:
Overnight: give parts address whom a flat	DDRESS 503 Complex Rd.
Overnight, give name, address, phone of lod	responsible for Payment: DDRESS 363 Complex & ging
DATE(S) OF TRIP 3-11-24 DEF	PARTURE TIME 4:00 pm RETURN TIME 1000pm
SOURCE OF FUNDING FOR TRIP	-
NO STUDENT SHALL BE DENIED T	HE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 27 FACULTY SPO	ONSORS 3 TOTAL # OF PARTICIPANTS 25
EAP: Person contacted at venue to discuss EAP:	ce la allace Person making contact: Charles I
Is there an Automated External Defibrillator (AED) on	site: PYes No If yes, where: Concession Stand
Does the venue have an Emergency Response Team:	Yes \(\square\) No If yes, how are they contacted: \(\frac{9}{1} \)
School Employee(s) Attending Trip (Please note beside	name if employee is CPR trained):
Dustin Wheeler	
Physical se separate sheet and attach to this form if more	
roase ase separate sheet and attach to this form if mor	e space is needed to list school employees attending).
SIRIMATE OF FUCULO SPONSOR	12-1- 23 Date
Approval of Site Based Council Representative	Date

Distri	ict Use Only
Section 2	·
Approval of District Representative	Date
*******************************	***************************************
DRIVER: TURN THIS F	ORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct	t to the best of my knowledge.
Driver Signature	Data
Driver Comments:	Date
Coach or School Representative Signature	Date

STI	TITO	TIL	TOO
N 1 1	111	HH D	

09.36 AP.21

School-Related Student Trip Request Form &	Event Specific Emergency Action Plan (EAP)
SCHOOL TCMS FACULTY M	
TYPE OF TRIP (CHECK ONE).	
Organization requesting the Trip / Organization response	nsible for Payment:
Organization requesting the Trip / Organization responses to the Trip / Organization response to the Trip / Organization responses to the Trip / Organization response t	ss 303 Complex Rd.
DATE(S) OF TRIP 3-29-24 DEPARTU	RETURN TIME 1000m
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRI	P BECAUSE OF AN INARILITY TO PAY
NUMBER OF: STUDENTS 14 FACULTY SPONSOI	RS 3 TOTAL # OF PARTICIPANTS 17
EAR: Person contacted at venue to discuss FAP. A kee 1	Dollars Person making contacts (1 . * c /
Is there an Automated External Defibrillator (AED) on site:	Yes D No If yes, where: Concession Stand
Does the venue have an Emergency Response Team: Wes	□ No If yes, how are they contacted: 9//
School Employee(s) Attending Trip (Please note beside name	if employee is CPR trained):
Dustin wheeler	
Please use separate sheet and attach to this form if more space	is needed to list school employees attending)
	12 -1-23
SIERMATE OF FACIATIV STRINGS	D-4-
Approval of Site Based Council Representative	Date

Section 2 District Use	e Only
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	e best of my knowledge.
Driver Comments:	Date
Driver Comments:	Date
Coach or School Representative Signature	Date

Leaving from High School Annex

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event S	pecific Emergency Action Plan (EAP)
SCHOOL TCMS FACULTY MEMBER(
TYPE OF TRIP (CHECK ONE).	
Organization requesting the Trip / Organization responsible for DESTINATION	r Payment: TCMS Baseboll.
DESTINATION Edmonson ADDRESS 22	D Wildest Way
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 3-9-24 DEPARTURE TIME	
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUS	
Number of: students 22 faculty sponsors 3	TOTAL # OF PARTICIPANTS 25
EAP: Person contacted at venue to discuss EAP: Michael Mere d	The Person making contact Chais I inco
Is there an Automated External Defibrillator (AED) on site: WYes	No If yes, where: Home Descrit
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	/ee is CPR trained):
Chris Luna (epp.) Rushy Dystin Wheeler (CPR)	Jackson
Dustin Wheeler (CPR)	
(P) case use separate sheet and attach to this form if more space is needed	to list school employees attending)
his wine	(A)
Signature of Faculty Sponsor	
Approval of Site Based Council Representative	Date

District Use Only	
Section 2	
Approval of District Representative	Date
NAMED. WIDE WITH DOWN AN AND AND AND AND AND AND AND AND AND	
DRIVER: TURN THIS FORM IN WIT	TH TIMESHEETS
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:	Dut
Coach or School Representative Signature	Date

STUDENTS 09.36 AP.21 School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Chrts Lung SCHOOL TCMS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Tems Baseball DESTINATION Edmonson ADDRESS 220 Wildest Was ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIP 3-15-24 DEPARTURE TIME 4:00 pm RETURN TIME //:00pm SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 22 faculty sponsors 3 Total # of Participants 25 EAP: Person contacted at venue to discuss EAP: Michael Meredith Person making contact Chris Luna Is there an Automated External Defibrillator (AED) on site: Yes \(\sqrt{No If yes, where: Home \) Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Dusta Wheeler (CPR) Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Odometer Start: Odometer End: Date/Time Return: 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 ____

Leaving From TCMS
STUDENTS

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event S	Specific Emergency Action Plan (EAP)
SCHOOL TCMS FACULTY MEMBER	
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trin / Organization reasonable &	or Payment: Tems Raseball
DESTINATION Hogins Central ADDRESS (c) 2 Overnight; give name, address, phone of lodging	5 Hopkins wille Road
☐ Overnight; give name, address, phone of lodging	· · · · · · · · · · · · · · · · · · ·
DATE(S) OF TRIP 3'- 16-24 DEPARTURE TIME	E 8:000 RETURN TIME 4:000M
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	SE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS FACULTY SPONSORS STATES	TOTAL # OF PARTICIPANTS 25
EAP: Person contacted at venue to discuss EAP: Ausha Shaks	Person making contact: Chris Luna
Is there an Automated External Defibrillator (AED) on site: Yes	No If yes, where: Concession Shand
Does the venue have an Emergency Response Team: Yes No If	
School Employee(s) Attending Trip (Please note beside name if employees)	yee is CPR trained):
Dusto Wheeler CPR	30000
These was conducte sheet and attach to this form if many in the	4- P. d. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Please use separate sheet and attach to this form if more space is needed	
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date

District Use Only	
Section 2	
Approval of District Representative	Date
***************************************	***********
DRIVER: TURN THIS FORM IN WIT	TH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
Therefore and Control of the control	
I hereby certify that the above information is correct to the best of	my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Penrecontative Signature	ъ.
Coach or School Representative Signature	Date

Leaving from TCHA

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EASCHOOL FACULTY MEMBER(S) SPONSORING TRIP Chils Lund Type of Trip (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Tems Rosehall DESTINATION Multiple Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination repuesting the Trip / Organization responsible for Payment: Tems Rosehall Destination repuesting the Trip / Organization responsible for Payment: Tems Rosehall Destination repuesting the Trip / Organization responsible for Payment: Tems Rosehall Destination repeature requesting the Trip / Organization responsible for Payment: Tems Rosehall Destination repeature represents Rosehall Destination responsible for Payment: Tems Rosehall Destination responsible for Payment: Tems Ro	STUDENTS	9	· ·	09.36 AP.21
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment:		<u> Frip Request Form &</u>	Event Specific Emerg	ency Action Plan (EAP)
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCMS Boschold DESTINATION Multiple Decrete Address, phone of lodging DATE(S) OF TRIP 2-19-24 DEPARTURE TIME 4:00pm. RETURN TIME III. SOURCE OF FUNDING FOR TRIP No STUDENTS 12 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Total first person making contact: Check Cum Is there an Automated External Defibrillator (AED) on site: Dates No If yes, where: Concession 5 Imm Does the venue have an Emergency Response Team: Yes 12 No If yes, how are they contacted: 91/1 School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): COR DUSTINATION OF Faculty Sponsor Approval of Site Based Council Representative Date District Use Only Section 2 Approval of District Representative Date DATE Odometer Start: Date/Time Departure: Odometer Start: Date/Time Departure: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.	SCHOOL TCMS	FACULTY I	MEMBER(S) SPONSORING	TRIP Chris Lune
DATE(S) OF TRIP 3-19-24 DEPARTURE TIME 4:00pm. RETURN TIME 11!: SOURCE OF FUNDING FOR TRIP NO STUDENTS SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Tony Alche Person making contact: Chro Cum Is there an Automated External Defibrillator (AED) on site: 12 fee No If yes, show are they contacted: 91/ School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): CRESSON Dusting Wheele CPR Approval of Site Based Council Representative Date District Use Only Section 2 Approval of District Representative Date District Use Only 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.	Type of Trip (check one)	•		
DATE(S) OF TRIP 2-19-24 DEPARTURE TIME 4:00pm. RETURN TIME III. SOURCE OF FUNDING FOR TRIP No STUDENTS PALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAX. NUMBER OF: STUDENTS 22 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Tong Nichell Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Perso	Organization requesting the	Trip / Organization resp	consible for Payment:	CMs Baseball
DATE(S) OF TRIP 2-19-24 DEPARTURE TIME 4:00pm. RETURN TIME III. SOURCE OF FUNDING FOR TRIP No STUDENTS PALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAX. NUMBER OF: STUDENTS 22 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Tong Nichell Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Person making contact: Cherk Cum Is there an Automated External Defibrillator (AED) on site: Original Perso	DESTINATION Mullenberr	County ADDR	ESS 50 W. Everly	y Brothers Blud.
NUMBER OF: STUDENTS 22 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Total # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Total # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Total # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Total # OF PARTICIPANTS 25 EAP: Person contacted # OF PARTICIPANTS 25 EAP: Person making contact: Christian # Of Participants Office Offic	U Overnight; give name, at	diress, phone of loaging		
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS	DATE(S) OF TRIP 3-19 -	24 DEPART	TURE TIME 4:00pm	RETURN TIME 1(!00pm
NUMBER OF: STUDENTS				
Is there an Automated External Defibrillator (AED) on site: The last last last last last last last last				
Is there an Automated External Defibrillator (AED) on site: The simple site of the venue have an Emergency Response Team: The site of the venue have an Emergency Response Team: The site of the venue have an Emergency Response Team: The site of the venue have an Emergency Response Team: No. If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Dustry School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Dustry School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Dustry School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Signature of Faculty Sponsor Approval of Site Based Council Representative Date Time Departure: Odometer Start: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.	NUMBER OF: STUDENTS	FACULTY SPONSO to discuss EAP:	ORSTOTAL # O	F PARTICIPANTS 25
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Dustric	Is there an Automated External D	efibrillator (AED) on site:	☐ Yes ☐ No If yes, where:	Concession shows
Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date	Does the venue have an Emergen	cy Response Team: Yes	No If yes, how are they	contacted: 911
Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date District Use Only Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Date/Time Return: Odometer Start: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.				
Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date District Use Only Section 2 Approval of District Representative Date Date Date Date I hereby certify that the above information is correct to the best of my knowledge.	The state of the s	CPO	Kusty Jockson	
Signature of Faculty Sponsor Approval of Site Based Council Representative		- Crk		
Approval of Site Based Council Representative	Please use separate sheet and a		•	
Approval of Site Based Council Representative	Signature of Fac	ultv Sponsor		-15 - 23 Date
District Use Only Section 2 Approval of District Representative	Approval of Site Based Council	il Representative		Date
Approval of District Representative	***************************************	••••••	***************	**************
Approval of District Representative		District U	Jse Only	
DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Odometer Start: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.				
Date/Time Departure: Odometer Start: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.	Approval of District Represent	ative		Date
Date/Time Departure: Odometer Start: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.	******************	• • • • • • • • • • • • • • • • • • • •	***************	*****************
Date/Time Departure: Odometer Start: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.		R: TURN THIS FOR	M IN WITH TIMESHEE	TS
Date/Time Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge.	- ATT		04	a.
I hereby certify that the above information is correct to the best of my knowledge.				
	Date/Time Return.		Odometer End	u:
	I hereby certify that the above is	nformation is correct to	the best of my knowledge.	
Driver Signature Date	Driver Signature			Date
Driver Comments:	Driver Comments:			
	Coach or School Representative	Signature		Date
0 1 0 1 1D	Coach or School Representative	Signature		Date

Leaving from TCMS

STUDENTS 09.36 AP.21 School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP SCHOOL TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Tems Baseball DESTINATION Henderson Co. ADDRESS ZII EIM Street ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME S!OOAM RETURN TIME 5:000M DATE(S) OF TRIP 2-23-24 SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Haren Inucer Person making contact: Chris Lapra Is there an Automated External Defibrillator (AED) on site:

Yes No If yes, where: Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: \(\frac{91}{2} \) School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): ___CPR Dustin Wheeler (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date **District Use Only** Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: Date/Time Departure: Date/Time Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Date Driver Signature **Driver Comments:** Coach or School Representative Signature Date

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event St	pecific Emergency Action Plan (EAP)
SCHOOL TCMS FACULTY MEMBER(S	
Type of Trip (CHECK ONE): Organization requesting the Trip / Organization responsible for DESTINATION University Height ADDRESS 1300	TPMS Roselia N
DESTINATION University Height ADDRESS 1300	Academi Do
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 3-25-24 DEPARTURE TIME	
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	
NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 EAP: Person contacted at venue to discuss EAP: Tyler Person	Person making contact: Chais Line.
Is there an Automated External Defibrillator (AED) on site: Yes	No If ves. where: Concession 5 have
Does the venue have an Emergency Response Team: 2 Yes No If y	res, how are they contacted: 911
School Employee(s) Attending Trip (Please note beside name if employ	ee is CPR trained):
	Jackson
Please use separate sheet and attach to this form if more space is needed	11 100 77
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
District Use Only	
Section 2	
Approval of District Representative	Date

DRIVER: TURN THIS FORM IN WIT Section 3	TH TIMESHEETS
	Odometer Start:
Date/Time Departure:	Odometer End:
Pate/Time Return.	
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

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event Spe	cific Emergency Action Plan (EAP)
SCHOOL TOWS FACULTY MEMBER(S)	SPONSORING TRIP CHUS WIV
TYPE OF TRIP (CHECK ONE):	Tana 0 - 201 - 10
Organization requesting the Trip / Organization responsible for P	ayment: 10MS 130Sebatt
DESTINATION MOSS Middle ADDRESS 537	Morgantown Koad
Type of Trip (CHECK ONE): Organization requesting the Trip / Organization responsible for F DESTINATION ADDRESS 557 Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 3-28-24 DEPARTURE TIME	
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	
Number of: students 22 faculty sponsors 3	TOTAL # OF PARTICIPANTS 25
FAP. Derson contacted at venue to discuss EAP: Ham Vance	Person making contact:
Is there an Automated External Defibrillator (AED) on site: PYes DN	o If yes, where: Home Dugo or
Does the venue have an Emergency Response Team: Yes No If ye	s, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):
Inns were	Jackson
Dusta wheeler CPR	
Blease use separate sheet and attach to this form if more space is needed to	list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
Approved of the Bessel Comments of the Comment	
District Use Only	
Section 2	
Approval of District Representative	Date
Approvar of District representative	
DRIVER: TURN THIS FORM IN WITH	H TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
Date/Time Return.	
I hereby certify that the above information is correct to the best of	ny knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date
- · · · · · · · · · · · · · · · · · · ·	

STUDENTS			09.36 AP.21
School-Related Student 7	<u> Frip Request Form & Event</u>	Specific Emergency	Action Plan (EAP)
SCHOOL TCMS	FACULTY MEMBER	R(S) SPONSORING TRIP	Chais Luna
Organization requesting the DESTINATION Frankly	Trip / Organization responsible Simpson ADDRESS 4 Idress, phone of lodging	for Payment: TCN	15 Baseball
DATE(S) OF TRIP 4-11-2	DEPARTURE TO	ME 4100pm	RETURN TIME /// 600
	IP		
	IT SHALL BE DENIED THE TRIP BECA		
NUMBER OF: STUDENTS EAP: Person contacted at venue	22 FACULTY SPONSORS 3 to discuss EAP: May how w	TOTAL # OF PA	ARTICIPANTS 25 tact: Chris Lona
Is there an Automated External D	Defibrillator (AED) on site: 12 Yes	🗆 No If yes, where: 💪	ACESSION STAND
Does the venue have an Emergen	cy Response Team: 🗗 Yes 🗆 No	If yes, how are they conta	acted: 901
School Employee(s) Attending To Chris Lune Dustin Wheeler	rip (Please note beside name if emp	loyee is CPR trained):	
	attach to this form if more space is need	ed to list school employees	attending).
Signature of Fac	culty Sponsor	Date	
Approval of Site Based Counc	il Representative		Date
	District Use Only	,	
Section 2	District Use Only	•	
Approval of District Represent	rative		Date
*****************			•••••
DRIVE Section 3	ER: TURN THIS FORM IN W	ITH TIMESHEETS	
		Odometer Start:	
•			
Date/Time Return.		Odometer End	
I hereby certify that the above i	information is correct to the best	of my knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative	e Signature		Date

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event Sp	ecific Emergency Action Plan (EAP)
SCHOOL TCMS FACULTY MEMBER(S)	SPONSORING TRIP Ches Cuna
TYPE OF TRIP (CHECK ONE):	Ta 0
Organization requesting the Trip / Organization responsible for	Payment: 12MS Baseball
DESTINATION Melean County ADDRESS 1859	Hwy 136 East
Type of Trip (CHECK ONE): Organization requesting the Trip / Organization responsible for DESTINATION MClean Canata ADDRESS 1859 Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 4-19-24 DEPARTURE TIME	4pm RETURN TIME / Lpm
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	_
Number of: students 22 FACULTY SPONSORS 3	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP:	Person making contact: CAVIS EUVIL
Does the venue have an Emergency Response Team: 22 Yes \(\text{I No If y} \)	es how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employe	
Chris Luna CPR Kush	Jackson
Dustin Wheeler CPR	
Please use separate sheet and attach to this form if more space is needed to	to list school employees attending).
(fresh	11-15-23
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date Date
Approval of Site Based Council Representative	
District Use Only Section 2	
Approval of District Representative	Date
Approval of District Representative	
DRIVER: TURN THIS FORM IN WIT Section 3	H IIWESHEE1S
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
Date/Time Retain.	
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

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event Sp	ecific Emergency Action Plan (EAP)
TOM S FACILITY MEMBER(S	SPONSORING TRIP Che'S Com-
TYPE OF TRIP (CHECK ONE): Output in the Trip / Organization responsible for	Payment: TCMS Raseball
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for DESTINATION ADDRESS 1101	West 9th Street
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 4-23-24 DEPARTURE TIME	4:00 RETURN TIME 12:00 pr
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	E OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3	TOTAL # OF PARTICIPANTS
E A D. Domon contacted at venue to discuss EAP: APINTHA ECINO	b ir cison making contact.
Is there an Automated External Defibrillator (AED) on site: Yes	No If yes, where: Concessor 57440
Does the venue have an Emergency Response Team: Yes No If y	res, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employ	Tactson
Coms Cina CPR Kusty Dustin Wheeter CPR	3 20014
	and the state of t
Please use separate sheet and attach to this form if more space is needed	to list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
Approved of Site Service Control of the Control of	
District Use Only	
Section 2	
Approval of District Representative	Date
Approvat of District Representative	**********************
DRIVER: TURN THIS FORM IN WI	TH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
Date/Time Return.	
I hereby certify that the above information is correct to the best of	f my knowledge.
Driver Signature	Date
Driver Signature	
DIIAA COMMINATO	
Coach or School Representative Signature	Date

SCHOOL Related Student Trip Request Form & Event Specific Emergency Action Plan (EA SCHOOL TCMS) FACULTY MEMBER(S) SPONSORING TRIP Cheis Um TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Allow ADDRESS Overnight; give name, address, phone of lodging DATE(S) OF TRIP 4-24-24 DEPARTURE TIME RETURN TIME //E SOURCE OF FUNDING FOR TRIP No STUDENTS HALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 2-2 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 2-5 EAP: Person contacted at venue to discuss EAP: Person making contact: Chris Lunder School Employee(S) Attending Trip (Please note beside name if employee is CPR trained): School Employee(S) Attending Trip (Please note beside name if employee is CPR trained): Separate sheet of datach to this form if more space is needed to list school employees attending). Date District Use Only Section 2 Approval of District Representative Date
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP CHECK ONE: Organization requesting the Trip / Organization responsible for Payment: Organization requesting the Trip / Organization responsible for Payment: DESTINATION ADDRESS 1545 Bowles Green Read Overnight; give name, address, phone of lodging DATE(S) OF TRIP 4-21-24 DEPARTURE TIME RETURN TIME // SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: heis Person making contact: Chris Lunder Sternal 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: 7// School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Organization requesting the Trip / Organization responsible for Payment: Does the venue have an Emergency Response Team: Yes No If yes, where: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 7// School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Organization requesting the Trip / Organization responsible for Payment: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 7// School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Organization requesting the Trip / Organization responsible for Payment: Does the venue have an Emergency Response Team: Yes Does the venue have an Emergency Response Team: Yes Do If yes, where: Does the venue have an Emergency Response Team: Yes Do If yes, where: Do If yes, where
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP CHECK ONE: Organization requesting the Trip / Organization responsible for Payment: Organization requesting the Trip / Organization responsible for Payment: DESTINATION ADDRESS 1545 Bowles Green Read Overnight; give name, address, phone of lodging DATE(S) OF TRIP 4-21-24 DEPARTURE TIME RETURN TIME // SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: heis Person making contact: Chris Lunder Sternal 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: 7// School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Organization requesting the Trip / Organization responsible for Payment: Does the venue have an Emergency Response Team: Yes No If yes, where: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 7// School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Organization requesting the Trip / Organization responsible for Payment: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 7// School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Organization requesting the Trip / Organization responsible for Payment: Does the venue have an Emergency Response Team: Yes Does the venue have an Emergency Response Team: Yes Do If yes, where: Does the venue have an Emergency Response Team: Yes Do If yes, where: Do If yes, where
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: ADDRESS 545 Good Law Green
DATE(S) OF TRIP 4-71-24 DEPARTURE TIME PRETURN TIME SOURCE OF FUNDING FOR TRIP No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Person making contact: Person ma
DATE(S) OF TRIP 4-71-24 DEPARTURE TIME PRETURN TIME SOURCE OF FUNDING FOR TRIP No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Person making contact: Person ma
DATE(S) OF TRIP 4-24 DEPARTURE TIME 42000 RETURN TIME 15 SOURCE OF FUNDING FOR TRIP No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: 15 Person making contact: 25 Lunch 15 Person making contact: 25 Lunch 16 Person making contact: 25 Lunch 17 Person making contact: 25 Lunch 18 Person making contact: 27 Person contact 47 Person c
NO STUDENTS SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Person making contact: Person making contact
NO STUDENTS SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 22 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Person making contact: Person making contact
NUMBER OF: STUDENTS 22 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 25 EAP: Person contacted at venue to discuss EAP: Person making contact: Person making contac
EAP: Person contacted at venue to discuss EAP: Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Does the venue have an Emergency Response Team: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): PR School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): PR Signature of Faculty Sponsor Approval of Site Based Council Representative Date District Use Only Section 2
EAP: Person contacted at venue to discuss EAP: Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Does the venue have an Emergency Response Team: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): PR School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): PR Signature of Faculty Sponsor Approval of Site Based Council Representative Date District Use Only Section 2
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): Response to Separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date District Use Only Section 2
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): CPR
Approval of Site Based Council Representative
Approval of Site Based Council Representative
Approval of Site Based Council Representative Date District Use Only Section 2
Approval of Site Based Council Representative Date District Use Only Section 2
District Use Only Section 2
District Use Only Section 2
Section 2
Approval of District Representative
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.
D. (
Driver Signature Date
D. (

STUDENTS		09.36 AP.21
SIUDENIS	Stadent Trin Dogwest Form & FV	ent Specific Emergency Action Plan (EAP)
School-Related	Student Trip Request Form & Eve	Chais I can
SCHOOL 10	FACULTY MEM	BER(S) SPONSORING TRIP Chais Come
TYPE OF TRIP (CH	ECK ONE):	ole for Payment: TCMS Raseball 2222 Bowling Green Road
Organization req	uesting the Trip / Organization responsi	ble for Payment: /CIVS Basilian
DESTINATION	ADDRESS _	2222 Bowling Green Road
DATE(S) OF TRIP_	4-29-24 DEPARTURE	TIME 4:00 pm RETURN TIME 11:00 pm
SOURCE OF FUNDI	NG FOR TRIP	
	NO STUDENT SHALL BE DENIED THE TRIP B.	ECAUSE OF AN INABILITY TO PAY.
Number of: Stul	DENTSFACULTY SPONSORS	TOTAL # OF PARTICIPANTS
E A D. D conto	ated at venue to discuss EAP. Ethan M.	Person making contact: 17/13 Love
T- 41 on Austomoto	d External Defibrillator (AED) on site: TY	es No If yes, where: Loncession 3 1940
Does the venue have	an Emergency Response Team: Yes	No If yes, how are they contacted: 4/1
School Employee(s)	Attending Trip (Please note beside name if	employee is CPR trained):
Chris Lun		1340-38V
Dustin Wh	•	
Please use sebar	rate sheet and much to this form if more space is	needed to list school employees attending).
Sto	mature of Faculty Sponsor	Date
Approval of Site B	ased Council Representative	Date
ripprovar or and a		
***************************************	District Use	Only
Section 2		·
Approval of Distric	ct Representative	Date
1 ipprova. or z = = =		
	DRIVER: TURN THIS FORM I	N WITH TIMESHEETS
Section 3	DICIVIDA	
	ıre:	Odometer Start:
Date/Time Return.		
I hereby certify tha	at the above information is correct to the	best of my knowledge.
Driver Signature		Date
Driver Comments:		
		Date
Coach or School R	epresentative Signature	Date

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event Spo	ecific Emergency Action Plan (EAP)
SCHOOL TOWN FACULTY MEMBER(S) TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for DESTINATION ADDRESS 8346 Overnight; give name, address, phone of lodging	111.0 - 1.00 - 1
TYPE OF TRIP (CHECK ONE):	Downson To ME Rosch II.
Organization requesting the Trip / Organization responsible for	Payment: /C/15 Decision
DESTINATIONADDRESS	t tage may
DATE(S) OF TRIP 5-3-24 DEPARTURE TIME	4:00 pm RETURN TIME 10.00 pm
SOURCE OF FUNDING FOR TRIP	The same way was part
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
Number of: students 22 faculty sponsors 3	TOTAL# OF PARTICIPANTS 25
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: 170 Me 18 4 5 1
Does the venue have an Emergency Response Team: Pyes No If yo	es, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employed Rusty	Jackson
Dustin Wheeler CTR	
(Phose are separate speet and attach to this form if more space is needed to	to list school employees attending).
CE It. Change	Date
Approval of Site Based Council Representative	Date

District Use Only	
Section 2	
Approval of District Representative	Date

DRIVER: TURN THIS FORM IN WIT	TH TIMESHEETS
Date/Time Return:	Odometer Start:
Date/Time Return:	Odometer End:
Date/ I line Return.	
I hereby certify that the above information is correct to the best of	f my knowledge.
Driver Signature	Date
Driver Comments:	
	Data
Coach or School Representative Signature	Date

teave TCMS

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Event Sp	ecific Emergency Action Plan (EAP)
SCHOOL TONS FACULTY MEMBER(S)	SPONSOPING TRIP CHECKING
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for ADDRESS 227	Payment: TCM8 Baseball
Organization requesting the 1rip / Organization responsible for DESTINATION ADDRESS 227	8 South Dixie Highway
Overnight; give name, address, phone of lodging	J
DATE(S) OF TRIP 5-4-24 DEPARTURE TIME	8:00 Am RETURN TIME 6:00 PM
SOURCE OF FUNDING FOR TRIP	THE PARTY TO DAY
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	E OF AN INABILITY TO PAY.
Number of: students 22 FACULTY SPONSORS 3	TOTAL # OF PARTICIPANTS
TAD TO THE STATE OF THE STATE O	Person making contact:
Is there an Automated External Defibrillator (AED) on site: Yes	No If yes, where: Concession 3 percentage
Does the venue have an Emergency Response Team: Yes I No If y	es, how are they contacted: _///
School Employee(s) Attending Trip (Please note beside name if amploy	ree is CPR trained):
Dustin wheeler CPR	<u> </u>
(Please us separate sheet and attach to this form if more space is needed	to list school employees attending).
	110-5
Signature of Faculty Sponsor	Date Date
Approval of Site Based Council Representative	Date
***************************************	**********************
District Use Only	
Section 2	D.4.
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WI	TH 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 o	f my knowledge.
Driver Signature	Date
Driver Comments:	
	Date
Coach or School Representative Signature	Duto

Schnol-Related Student Tein Re	quest Form & Event Specific Emergency Action Plan (EAP)
Sisser versions . Don was	remontes Xomes erem 1/22/201 paramone as
PETER THE PARK TO MAKE IN COUNTY	_ FACTLIS MEMBER(S) SPONSONING THE TONCKS CINCIL D
Classroom Field Trip of Class Try	
DESTINATION []()	Administration of the Control of State of the Control of State of the Control of
A Overmight; give name, address, pho	
min bigue cue	Debug
PLEBONE EDECATIONAL VALUE HO	DEPURE TIME BIRT BOTH RETURN TIME 3122 1101
SOURCE OF FUNDING FOR THE	
registration, and an other anticipated	
	BE DEVIED THE TRIP RECALSE OF AN INMIDITY TO PAY.
BILL TRIP EXPENSES TO: U SPONSORIN	G ORGANIZATION D SCHOOL COUNCIL D BOARD D OTHER, SPECIFY
Mode of Transportation	CUSTRICT UNI NOVE OCCUPED RESPECTIVE OTHER CHAPTERONES OTHER CHAPTE
D PRIVATE VEHICLE, IF ALLOWED 1	BY POLICY; SPECIFY DRIVER(S)
PERVISION (ATTACH LIST OF NAMES OF	ABULTS ACCOMPANYING STUDENTS ON TRUE.)
ive all chaperones undergone ti	he required records check and been designated by the
ncipal/designee to supervise studen	
son contacted at venue to discuss EAP:	Person making contact:
iere an Automated External Defibrillator (AED) on site: AYes ra No If yes, where:
s the venue have an Emergency Response	Team XYes a No If yes, how are they contacted
of Employee(s) Attending Trip (Please no	ote beside name if employee is CPR trained);
eather Diposquall	to the name is employed as C.F.R. trained);

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

Estimate and the state of the s
SCHOOL TONS FACTOR MEMBERS SPESSIONES THE DECOMPLETE
Program Triangle Institute specific
Totale (while countries approxime)
DESTINATION POWERD QUEER ADDRESS SAW TOCKE HAVENOUS
e-Out of State X Out of County O Warrin County
Overnight; give name, address, phone of lodging
DATES OF TRUE 3114134 DEPARTURE TIME 8:000M RETURN TIME 2300M PURPOSE EDICATIONAL VALUE CONCEST PANICE PASSESSMENT PERFORMANCE [011000000000000000000000000000000000
Source or severe of estimated expenses including, but not himsed to, lodging, meals,
and all other anticipated travel extransions.
NO STUDIEST RHALL BE DEVIED THE TRIP RECUISE OF THE TRIP
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL D BOARD O OTHER, SPECIFY
NUMBER OF: STUDENTS 100 FACULTY SPONSORS 1 OTHER CHAPERONES ?
TOTAL FOF PARTICIPANTS AND A COLLANGE TO A C
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? IJ NO XVES, SEE PROCEDURE 09,36 AP.212.
D CERCIFICATED COMMON CARRIER; SPECIFY
D. PRIVATE YELLICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
OPERVISION (ATTACH LIST OF NAMES OF ABULTS ACCOMPANYING STUDENTS ON TRIP.) ave all chaperones undergone the required records check and been designated by the
incipal/designee to supervise students? X Yes No
issin contacted at venue to discuss EAP: Person making contact:
here an Automated External Defibrillator (AED) on site: MYes to No. If yes, where:
es the venue have an Emergency Response Team. K Yes o No H. yes, how are they contac
noot Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Contain report is needed to flut school employees attending).