

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP 4-H - PETRIE GOING AS A CHAPERONE ONLY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Asking GT to pay way of \$90 since Petrie will be chaperoning GT Leaders from TCCHS

DESTINATION PEDATORS GAME ADDRESS NASHVILLE

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP TUESDAY, FEB 13 DEPARTURE TIME MORNING RETURN TIME LATE EVENING

SOURCE OF FUNDING FOR TRIP 4-H BUT PETRIE'S PORTION THROUGH GT

No other bussing or permission needed since this is a 4-H sponsored trip.

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

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS _____

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: _____

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): _____

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

Lisa Petrie

Signature of Faculty Sponsor _____ Date 2/5/2024
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: _____ O d o m e t e r _____ S t a r t :

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 _____