

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS BETA

DESTINATION SPRING THIRD DISTRICT BETA 2024

ADDRESS 3219 NASHVILLE ROAD, BOWLING GREEN, KY

Overnight; give name, address, phone of lodging NA

DATE(S) OF TRIP MARCH 5, 2024 **DEPARTURE TIME** 8:00AM **RETURN TIME** 2:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA

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

NUMBER OF: STUDENTS 50 **FACULTY SPONSORS** 1 **TOTAL # OF PARTICIPANTS** 52

EAP: Person contacted at venue to discuss EAP: Stephanie Esters Person making contact: Lisa Petrie

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: contact office

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

Lisa Petrie _____

(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

2-5-24
Date

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 _____