

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Chris Skipworth

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: ISAF Site Base

DESTINATION Murray State ADDRESS MSU Campus 218 Wells Hall

Overnight; give name, address, phone of lodging N/A Murray, KY 42071

DATE(S) OF TRIP 2/22/24 DEPARTURE TIME 6:00am RETURN TIME 4:00pm

SOURCE OF FUNDING FOR TRIP Site Base

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

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 13

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: EP1371 in Eng/Physic's Bldg

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

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Chris Skipworth _____ Team / 911
_____ Campus Safety
_____ 270-809-2222

(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 [Signature] Date 2-7-24

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 _____

Todd County Central High School

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

Event Teacher/Sponsor: Chris Skipworth Cell Phone Number: 270-604-9625

Destination/Venue Address: Murray State University

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

Chris Skipworth CPR Cert. Rec'd 270-604-9625

(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:

Hunter Johnson - Dehydration _____

Jeremy Mackham - Amoxicil allergy _____

Devin Schutt - Allergy Eggs & Nuts _____

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

Trip Location Contact Person: Rudy Ottaway Phone Number: 270-809-6897

EAP Contact Person to Discuss Venue EAP (if different than above): MSU Emergency Response Team Phone Number: 270-809-2222 ⁹¹¹

Position/Title of Person Contacted: _____

Who made the contact: _____

Date(s) of Contact: _____

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: N/A

If yes, name and cell phone number of person on trip responsible for oversight of other emergency equipment: N/A

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