

STUDENTS

09.36 AP.21

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

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: SKYCTC & WKU ADDRESS: BOWLING GREEN

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 04/10/24 DEPARTURE TIME: 8:00AM RETURN TIME: 5:00PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 45 FACULTY SPONSORS: L. VOTH, P. RAMIREZ, F GUNN TOTAL # OF PARTICIPANTS: 48

EAP: Person contacted at venue to discuss EAP: Addi Hernandez/Emma Watson Person making contact: L.Voth

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

Each building

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

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____

Date

2/2/24

Approval of Site Based Council Representative _____

Date

2-8-24

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 _____