

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Rick Martin / Michelle Rager

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TC Pep Club

DESTINATION Russellville High School ADDRESS _____

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2-27-24 DEPARTURE TIME 5:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP Pep Club

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 40

EAP: Person contacted at venue to discuss EAP: Ryan Davenport Person making contact: Athletics

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):

Rick Martin _____
Sara Martin _____
Marla Gillespie _____

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

Michelle Rager _____ Date 2-8-24
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] 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 _____