

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Westerman

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS will be Reimbursed

DESTINATION Murray State ADDRESS 102 Curvis Center Murray KY by mscr
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Feb 27, 2024 DEPARTURE TIME 8:00 am. RETURN TIME _____

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 44

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):

R. Westerman Malone
M. Shemwell Schutt
Campbell

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

[Signature]
Signature of Faculty Sponsor

2/1/24
Date

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 _____

Todd County Central High School

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

Event Teacher/Sponsor: Rachel Westerman Cell Phone Number: 210-839-9995

Destination/Venue Address: Murray State Curvis Center

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

Rachel Westerman _____
Russell Malone _____
Leilani Campbell _____
Stephani Schutt _____

(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:

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

Trip Location Contact Person: Brandi Stiff Phone Number: 270-809-3495

EAP Contact Person to Discuss Venue EAP (if different than above): _____ Phone Number: _____

Position/Title of Person Contacted: Coordinator of Student Development

Who made the contact: R. Westerman

Date(s) of Contact: 2/6

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: _____

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

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

If yes, list names and contact information in order of available contacts: _____

If yes, will members of the emergency response team be available in the event of a medical emergency during the school event: _____ Yes _____ No

Does the venue location have an AED on site? Yes _____ No

If yes, list location(s): Cumis Centre

Describe process to request AED and/or ERT, if needed: _____

Is access to emergency transport available at the destination/venue? Yes _____ No

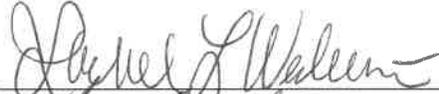
If yes, name of emergency transport organization and phone number: _____

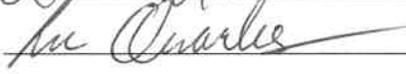
Non-Athletic Event-Specific Cardiac Emergency Response Plan

- Location of AEDs, if any: _____
- How to gain access to nearest AED: _____
- Steps that must be taken quickly to initiate the chain of survival:
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
 - Call 911 using cell phone or other means of communication
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
 - Someone certified in CPR (a school employee or venue employee) should retrieve and use the nearest AED, if available
 - Continue supporting the victim until the local EMS arrives and takes over care
 - Direct EMS to the scene

School personnel attending the event in an official capacity are responsible for implementation of the EAP, including the Cardiac Emergency Response Plan.

Required Signatures:

Teacher/Sponsor:  Date: _____

Principal Approval:  Date: 2-8-24

**** Upon completion and Principal approval, the Event Teacher/Sponsor must distribute this form to all personnel attending the event in an official capacity.****

Approved by SBDM Council: 11/27/2023