

STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE originally submitted July 2023 Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Molly Seifert

Date(s) of Trip 3/15/24 - 3/16/24 Departure Time 10:00 am 3/15 Return Time 8:00 pm 3/16

**If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip. Also, staff are required to know where AED's are located if applicable. SEE BELOW.*

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip, Specify Class _____ Class Trip (i.e. Junior, Senior), Specify _____
- Organization/Club Trip, Specify HS Forensics Team Other (athletic, band), Specify _____

****DESTINATION** Centre College Miles (one way) to destination: 116 City/State Danville, KY

Overnight: Give name of lodging and address Hampton Inn, 100 Montgomery Way, Danville, KY 40422

TRANSPORTATION (to be completed by Requestor)

FORM has been completed and approved by Jim Swift and is on the Transportation Spreadsheet.

****Does the trip exceed 100 miles?** Yes No **If Yes, trip requires Board of Ed approval.** See Below.

- Use of Common Carrier in Lieu of School Bus Procedure 09.36
- Private Vehicle, if allowed by policy. Specify Driver(s) _____


Purpose/Educational Value National Qualifier Number of days absent from school 1

Number of: Students Going on Trip 4 Faculty/Staff 1 Other Chaperones 0

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? YES NO IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Principal <u></u>	Signature Date <u>2/19/2024</u>
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Trip Approved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Superintendent/Designee <u></u>	Signature Date <u>2/19/24</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education if applicable _____	Signature Date _____

MUST COMPLETE PAGE 2 AS WELL and turn in with request form.

Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus

(Teacher/Sponsor must complete with above form).

Destination/Venue Centre College

Venue Address 600 W. Walnut Street, Danville, KY

Person or email contacted at venue to discuss EAP Rachel Page

Position/Title of person contacted Tournament Organizer

Date (s) of contact 1/31/24

Is there an Automatic External Defibrillator (AED) on site yes no

If yes, where is it located *Boiles Natatorium *Campus Center Information Desk *Norton Center Box Office *Student Health

Does the venue have an emergency response team (ERT)? yes no

Process to request (how will you request) AED and/or ERT if needed at the scene Dirctions are on
all defibrilators indicating who and how to contact ERT

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP as follows:

- *Know Location of AEDs*
- *If possible, how to gain access*
- *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 9-1-1 using cell phone or other means of communication*
 - *Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)*
 - *Retrieve and use the nearest Automated External Defibrillator (AED)*
 - *Continuing supporting the victim until the local EMS arrives and takes over care*
 - *Direct EMS to the scene*