

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Holly Lawson / Nina Pe

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: CBI - Special Education

DESTINATION: Elkton - Family Dollar ADDRESS Elkton, KY

Overnight, give name, address, phone of lodging

Interfaith, Walgreens Hardware & Library

DATE(S) OF TRIP 3/6/24 DEPARTURE TIME 8:45 RETURN TIME 11:15

SOURCE OF FUNDING FOR TRIP Self-pay

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Darlene Person making contact: Holly Lawson

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

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):

Holly Lawson
Nina Pe
Elizabeth Blake
Janette Campbell - CPR Certified
Jessica Jones
Rochelle Willis

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

Holly Lawson
Signature of Faculty Sponsor Date 1/9/24

Approval of Site Based Council Representative [Signature] Date 2-26-24

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 _____

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Holly Lawson / Nina Pe

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: CBI - Special Education

DESTINATION Russellville - Dream Pidas ADDRESS Cable vision Rd - Russellville, Mo

Overnight; give name, address, phone of lodging 42274

DATE(S) OF TRIP ~~3/27/24~~ 3/28/24 DEPARTURE TIME 10:00 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP Self pay

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Sue Sharp Person making contact: Holly Lawson

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):

Holly Lawson

Danette Campbell - CPR Certified

Nina Pe

Jessica Jones

Elizabeth Blake

Rochele Willis

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

Holly Lawson
Signature of Faculty Sponsor

1/9/24
Date

Approval of Site Based Council Representative [Signature] Date 2-26-24

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