

STUDENTS

09.36 AP.21

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

**SCHOOL :** North Todd Elementary School **FACULTY MEMBER(S) SPONSORING TRIP** 3<sup>RD</sup> GRADE TEAM

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: NTES

**DESTINATION:** THE SHOWBOX **ADDRESS:** 4000 FT. CAMPBELL BLVD. HOPKINSVILLE, KY 42240/ELKTON CITY PARK

Overnight; give name, address, phone of lodging: \_\_\_\_\_

**DATE(S) OF TRIP:** 3/19/24 **DEPARTURE TIME:** 8:15 AM **RETURN TIME:** 1:30 PM

**SOURCE OF FUNDING FOR TRIP** NTES SBDM 0050894

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

**NUMBER OF: STUDENTS:** 57 **FACULTY SPONSORS:** 3 **TOTAL # OF PARTICIPANTS:** 60

**EAP:** Person contacted at venue to discuss EAP: Shane Pollock Person making contact: Laura McGehee

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):

Laura McGehee \_\_\_\_\_

Elizabeth Addison \_\_\_\_\_

Cindy Williams \_\_\_\_\_

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

Laura McGehee  
*Signature of Faculty Sponsor*

2-23-24  
Date

Approval of Site Based Council Representative \_\_\_\_\_



Date 2-27-24

**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 \_\_\_\_\_