

STUDENTS

09.36 AP.21

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

SCHOOL JCMS FACULTY MEMBER(S) SPONSORING TRIP Turner

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Girls Soccer

DESTINATION Trigg Co ADDRESS 860 Complex Road Cadiz, Ky 42211

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/14/24 DEPARTURE TIME 4:00 pm RETURN TIME 8:30 pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: MD Person making contact: Jerry Turner

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Field dugout

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Announced

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Jerry Turner yes

Tony Caracciolo

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

Jerry Turner
Signature of Faculty Sponsor

2-21-24
Date

Approval of Site Based Council Representative _____ Date _____

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Jeremy Turner

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Russellville Area ADDRESS 101 W. 9th Street Russellville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/21/24 DEPARTURE TIME 4:45 PM RETURN TIME 8:00 PM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Ryan Dewhurst Person making contact: Steven McGhee

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):

Jeremy Turner
Tony Caracciolo

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

Jeremy Turner
Signature of Faculty Sponsor

2-28-24
Date

Approval of Site Based Council Representative _____ Date _____

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Jerry Turner

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Hopkins central HS ADDRESS 6625 Hopkinsville RD Madisonville ky 42431

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-23-24 DEPARTURE TIME 7:15 AM RETURN TIME 2 pm

SOURCE OF FUNDING FOR TRIP TCMS Athletic Fund

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Austin Byrum Person making contact: Jerry Turner

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Complex on Wall at Entrance

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 270-825-5100

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Coach Jerry Turner YES
Coach Tony Caracciolo NO

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

Jerry Turner Signature of Faculty Sponsor Date 2-21-24

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP Turner

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Hopkins Central ADDRESS 6625 Hopkinsville Rd Madisonville

Overnight; give name, address, phone of lodging _____ ^{4/24/31}

DATE(S) OF TRIP 4-11-24 DEPARTURE TIME 4:00 RETURN TIME 8:30 PM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Austin Byrum Person making contact: Jerry Turner

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: complex on wall at Entrance

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 270-925-5100

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

coach Jerry Turner YES

coach Tony Corcia NO

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

Jerry Turner Signature of Faculty Sponsor Date 2-21-24

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TRIGG COUNTY FACULTY MEMBER(S) SPONSORING TRIP TODD MANSFIELD

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Boys' Soccer
DESTINATION TRIGG COUNTY ADDRESS 860 COMPLEX RD, CADIZ, KY 42211

OVERNIGHT; GIVE NAME, ADDRESS, PHONE OF LODGING

DATE(S) OF TRIP MARCH 14, 2024 DEPARTURE TIME 5:30PM RETURN TIME 9:00PM

SOURCE OF FUNDING FOR TRIP TCMS ATHLETIC FUND

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Mn Person making contact: Todd Mansfield

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Field Dugout

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Admin Assigned

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Coach Todd Mansfield CRP trained.

Coach Salazar Not CPR trained.

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

Signature of Faculty Sponsor

2/21/2024
Date

Approval of Site Based Council Representative _____

Date _____

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL HOPKIN CENTRAL FACULTY MEMBER(S) SPONSORING TRIP TODD MANSFIELD

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Boys' Soccer
DESTINATION HOPKINS CENTRAL HS ADDRESS 6625 HOPKINSVILLE RD, MADISONVILLE, KY 42431

OVERNIGHT; GIVE NAME, ADDRESS, PHONE OF LODGING

DATE(S) OF TRIP MARCH 23, 2024 DEPARTURE TIME 9:30AM RETURN TIME 5:00PM

SOURCE OF FUNDING FOR TRIP TCMS ATHLETIC FUND

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Austin Byrum Person making contact: Todd Mansfield

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Complex on Wall at Entrance

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: (270) 825-5100

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Coach Todd Mansfield CRP trained.
Coach Salazar Not CPR trained.

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

Todd Mansfield
Signature of Faculty Sponsor

2/21/2024
Date

Approval of Site Based Council Representative _____ Date _____

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Date/Time Return: _____ Odometer End: _____

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Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____