

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** SIERRA SMITH

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

Organization requesting the Trip / Organization responsible for Payment: 2<sup>nd</sup> Grade/ PTO/ Field Trip Funds/ Students

**DESTINATION:** NASHVILLE ZOO **ADDRESS:** 3777 NOLENSVILLE PK, NASHVILLE, TN 37211

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

**DATE(S) OF TRIP:** 4/16/24 **DEPARTURE TIME:** 8:00 **RETURN TIME:** 2:40

**SOURCE OF FUNDING FOR TRIP** PTO/FIELD TRIP FUNDS/ STUDENTS **NTES** 5SDM 00B0894

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

**NUMBER OF: STUDENTS:** 59 **FACULTY SPONSORS:** 5 **TOTAL # OF PARTICIPANTS:** 64

**EAP:** Person contacted at venue to discuss EAP: Kendra Borgmann Person making contact: Sierra Smith

Is there an Automated External Defibrillator (AED) on site: X Yes  No If yes, where: Multiple throughout the park

Does the venue have an Emergency Response Team: X Yes  No If yes, how are they contacted: A park employee will contact them through radio.

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

Sierra Smith


Kaitlyn Dawson

Brandi Patty

Megan Fleming

Trish Knepper

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



Signature of Faculty Sponsor

3/5/24  
Date

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



Date 3/5/24

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

**North Todd Elementary School**

**NON-ATHLETIC EVENT-SPECIFIC EMERGENCY ACTION PLAN (EAP)**

Event Teacher/Sponsor: Sierra Smith

Cell Phone Number: 270-619-2126

Destination/Venue Address: NASHVILLE ZOO ADDRESS: 3777 NOLENSVILLE PK, NASHVILLE, TN 37211

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

Sierra Smith     270-619-2126

Megan Fleming   270-977-7941

Kailtyn Dawson   270-719-0547

Brandi Patty     270-604-3612

Trish Knepper    270-484-8318

(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:



Beth Craig will be attending the trip and 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: Kendra Borgmann

Phone Number: 615-833-1834

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

Position/Title of Person Contacted: Education liaison

Who made the contact: Sierra Smith

Date(s) of Contact: 3/5/24, 3/4/24, 3/1/24, 2/29/24 \_\_\_\_\_

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: Life Vac

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

Beth Craig- 270-878-0413

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

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

Contact any park employee and they can radio the ERT.

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

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

If yes, list location(s): Throughout the park

Describe process to request AED and/or ERT, if needed: A park employee will radio the ERT.

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

If yes, name of emergency transport organization and phone number: 911

### NON-ATHLETIC EVENT-SPECIFIC CARDIAC EMERGENCY RESPONSE PLAN

- Location of AEDs, if any: throughout the park
- How to gain access to nearest AED: park employee will radio ERT
- 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: 3/5/24

Principal Approval:  Date: 3/5/24

\*\* 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: \_\_\_\_\_

