

STUDENTS

09.36 AP.21

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

SCHOOL South Todd Elementary FACULTY MEMBER(S) SPONSORING TRIP Lindsey Sisco

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Hearthstone Nursing Home ADDRESS 506 Altonville St Elktbn, Ky 42220
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/23/24 DEPARTURE TIME 9:00 RETURN TIME 11:00

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Demetria Rose Person making contact: _____

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):

Lindsey Sisco

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

Lindsey Sisco Signature of Faculty Sponsor Date 3/11/24

Approval of Site Based Council Representative Jennifer Boyd Date 3/11/24

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 _____