

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:** PAM PHILLIPS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: NTES SBDM

DESTINATION: WE ROCK THE SPECTRUM ADDRESS: 549 NEPTUNE DR. SUITES E-H, CLARKSVILLE, TN 37043

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 4/25/24 **DEPARTURE TIME:** 8:30 **RETURN TIME:** 1:30

SOURCE OF FUNDING FOR TRIP NTES SBDM 0050894

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

NUMBER OF: STUDENTS: 11 **FACULTY SPONSORS:** 9 **TOTAL # OF PARTICIPANTS:** 20

EAP: Person contacted at venue to discuss EAP: Bailey Bain Person making contact: Pam Phillips

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

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

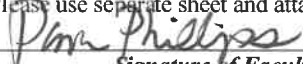
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Karen Ballard Pam Phillips

Patricia Knepper Amanda Brown

Victoria Persinger Jessica O'Connor, Belinda Garrett (CPR), Lacey Carr, Beth Craig (CPR)

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


Signature of Faculty Sponsor

3/26/24
Date

Approval of Site Based Council Representative _____ Date 3/26/24

District Use Only

Section 2

Approval of District Representative  Date 3/26/24

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 _____