

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP M. DiPasquale

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Band

DESTINATION Foundation Christian Academy ADDRESS 2480 Three Springs Rd Bowling Green

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-20-24 DEPARTURE TIME 7:30 RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 16

EAP: Person contacted at venue to discuss EAP: Bobbie Fudge Person making contact: M. DiPasquale

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):

Michelle DiPasquale _____
