

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 Chuck Sadle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: North Todd PTO

DESTINATION: ^{Elletts}Airport ADDRESS: Airport Rd Elkton, Ky 42220

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

DATE(S) OF TRIP: 5-3-24 DEPARTURE TIME: 8:45am RETURN TIME: 11:15am

SOURCE OF FUNDING FOR TRIP North Todd PTO

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

NUMBER OF STUDENTS: 182 FACULTY SPONSORS: 3-5(5) teachers TOTAL # OF PARTICIPANTS: 197

EAP: Person contacted at venue to discuss EAP: Bill Johnson Person making contact: Chuck Sadle

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

3rd, 4th, 5th teachers

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

Chuck Sadle
Signature of Faculty Sponsor Date 5-28-24

Approval of Site Based Council Representative [Signature] Date 4/9/24

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 _____