

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

SCHOOL SOUTH TODD ELEMENTARY FACULTY MEMBER(S) SPONSORING TRIP ERICA SKIPWORTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Choir

DESTINATION FIRST BAPTIST CHURCH ADDRESS 621 E 12TH AVE BOWLING GREEN, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP APRIL 19, 2024 DEPARTURE TIME 7 AM RETURN TIME 8 PM

SOURCE OF FUNDING FOR TRIP CHOIR FUNDS (DONATION MONEY FROM DAWN SHARP)

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

NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 6

EAP: Person contacted at venue to discuss EAP: Ricky Clark rclark@firstbaptistbg.org (270)842-0331

Person making contact: Erica Skipworth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: closet off the Narthex

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):

Erica Skipworth

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

Erica Skipworth
Signature of Faculty Sponsor

3/11/24
Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative *Jennifer Boyd* Date *3/11/24*

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 _____