

STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE 4/29/24  Elementary  High School  Guardian Angel

Faculty/Staff/Coach/Sponsor(s) C.J. FRYER

Date(s) of Trip 6/27-7/11, 2024 Departure Time SAM Return Time 11 PM

**\*If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip. Also, staff are required to know where AED's are located if applicable. SEE BELOW.**

**TYPE OF TRIP (CHECK ONE):**

Classroom Field Trip, Specify Class EDU 104/305  Class Trip (i.e. Junior, Senior), Specify \_\_\_\_\_

Organization/Club Trip, Specify EDUCATORS  Other (athletic, band), Specify \_\_\_\_\_

\*\*DESTINATION EDUCATING NATIONAL CONFERENCE WASHINGTON, DC Miles (one way) to destination: 492 City/State WASHINGTON, DC

Overnight: Give name of lodging and address RESIDENCE INN WASHINGTON, DC DOWNTOWN BY MARRIOTT

**TRANSPORTATION (to be completed by Requestor)**

FORM has been completed and approved by Jim Swift and is on the Transportation Spreadsheet.

\*\*Does the trip exceed 100 miles?  Yes  No **If Yes, trip requires Board of Ed approval.** See Below.

Use of Common Carrier in Lieu of School Bus Procedure 09.36

Private Vehicle, if allowed by policy. Specify Driver(s) \_\_\_\_\_

Purpose/Educational Value EDUCATING NATIONAL CONFERENCE Number of days absent from school 0

Number of: Students Going on Trip 8 Faculty/Staff 1 Other Chaperones 0

**ARE ALL CHAPERONES ON THE VOLUNTEER LIST?**  YES  NO **IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.**

**SUPERVISION** – Attach a list of names of adults accompanying students on trip.

**Trip Approved**

Yes  No Principal [Signature] Signature Date 5/2/2024

**Trip Approved**

Yes  No Superintendent/Designee \_\_\_\_\_ Signature Date \_\_\_\_\_

Yes  No Board of Education if applicable \_\_\_\_\_ Signature Date \_\_\_\_\_

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Review/Revised: November 2018 Page 1 of 1

**MUST COMPLETE PAGE 2 AS WELL and turn in with request form.**

## Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus

(Teacher/Sponsor must complete with above form).

Destination/Venue MARRIOTT MARQUIS (WASHINGTON, DC)

Venue Address 901 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001

Person or email contacted at venue to discuss EAP PEYTON ALEXIS YANKEE / NOOR LOOHI

Position/Title of person contacted EDUCING NATIONAL HQ STAFF (info@educatorsrising.org)

Date (s) of contact 4/30/24

Is there an Automatic External Defibrillator (AED) on site  yes  no

If yes, where is it located ON PLACE WITH HOTEL/ CONVENTION CENTER

Does the venue have an emergency response team (ERT)?  yes  no

Process to request (how will you request) AED and/or ERT if needed at the scene \_\_\_\_\_

EDUCING STAFF AND/OR HOTEL/ CONVENTION CENTER STAFF

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP as follows:

- Know Location of AEDs
- If possible, how to gain access
- Steps that must be taken quickly to initiate the chain of survival
  - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
  - Call 9-1-1 using cell phone or other means of communication
  - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
  - Retrieve and use the nearest Automated External Defibrillator (AED)
  - Continuing supporting the victim until the local EMS arrives and takes over care
  - Direct EMS to the scene