

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination FBLA Leadership Development Camp - Hardinsburg, KY FFA Camp

Date(s) of Trip 6/4/2024 - 6/6/2024 Time of Departure 1:30PM *Time of Return 2:00 PM

Approximate Mileage (one way) 42

Approximate Number of Students 5 Approximate Number of Adults 1

Number of Buses Required 1 Method of Transportation (if not school bus) _____

Will you stop for lunch? YES NO If "YES", where? _____

TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN

Number of Instructional Days lost 0 Justification: What is to be learned? FBLA Officers will learn about their job duties as officers for the upcoming school year (24-25).

How will the experience be used and evaluated? FBLA students will be able to further their leadership skills by attending this leadership development camp.

Names of chaperones (if applicable) Greg Spears

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?
 YES NO

TRIP INFORMATION

Financial Costs		Method of Payment	
Mileage (estimate)	\$ <u>\$72.00</u>	Student Payment	\$ _____
Driver (estimate)	\$ <u>\$250.00</u>	School Activity Acct	<u>322 - FBLA</u>
Hotel	\$ _____	Athletic Boosters	\$ _____
Meals	\$ _____	Band Boosters	\$ _____
Admission	\$ _____		
TOTAL	\$ <u>\$322.00</u>		

Requested by Greg Spears Date 5/13/24

Approved/Disapproved Ben Monnett, Principal Date 5/14/24

Approved/Disapproved _____, Superintendent Date _____

Principal approval for all field trips.

Superintendent approval is required for all field trips over 65 miles one (1) way.

Superintendent approval is required for all overnight field trips.

*On school days, the return time should not exceed 2:00 p.m.

Requesting School EHS Organization/Team/Class FBLA
 Date(s) of Trip 6/4/24 - 6/6/24 Destination FFA Leadership Development Camp,
111 FFA Camp Rd, Hardinsburg, KY 40143
 Number of Buses Required 1 Teacher(s)/Sponsor(s) in Charge Greg Spears
 Teacher(s)/Sponsor(s) in Charge Cell Phone# 270-304-5005
 Time of Departure 1:30PM Time of Return (by 2:00 pm on school day) 2:00PM
 Fund Responsible for Payment FBLA
 Will you stop for lunch? YES NO If "YES", where? _____
 Do you need storage? YES NO

TRANSPORTATION - DRIVER'S REPORT

Driver Assigned _____ Bus Number _____

Odometer Reading	Time of Trip
End of Trip _____	Time Started _____
Start of Trip _____	Time Ended _____
Total Miles _____	Total Time _____

Please Check:	Number of students transported _____
_____ In City	Number of adults transported _____
_____ Out of County	
_____ Dropped and Returned	
_____ Dropped - Waited - Returned	

Driver's Signature _____ Date _____
 Director of Transportation Signature _____ Date _____

CENTRAL OFFICE ONLY

Amount Paid Driver \$ _____ Date _____

RELATED PROCEDURES:

09.36 AP.21 Review/Revised: 7/17/2023

STUDENTS 09.36 AP.21

(Continued)

_____ I have an event-specific emergency action plan for the trip site and will distribute to all personnel

Event Specific Emergency Action Plan (EAP) for School Sanctioned

Nonathletic Event Held Off-Campus

Destination/Venue _____

Venue Address _____

Person or email contacted at venue to discuss EAP _____

Position/Title of person contacted _____

Date (s) of contact _____

Is there an Automatic External Defibrillator (AED) on site ___yes ___no

If yes, where is it located _____

Does venue have an emergency response team (ERT)? ___yes ___no

Process to request AED and/or ERT if needed at the scene _____

Will a portable AED be taken from school on this trip ___yes ___no

If yes, who will be responsible for oversight and location of AED _____

Is any other assigned emergency equipment available on field trip?

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity that is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

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