

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS. FACULTY MEMBER(S) SPONSORING TRIP QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Perkins Funding /PD

DESTINATION : MADISON COUNTY EXTENSION OFFICE; 230 DUNCANNON LN

RICHMOND, KY 40475

UNITED STATES

DATE(S) OF TRIP: JULY 1, 2024

DEPARTURE TIME 4AM

RETURN TIME: 7PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 2 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 3

EAP: Person contacted at venue to discuss EAP: Bradon Burks Person making contact: Quashawn Quarles

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: Richmond PD

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Quashawn Quarles

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date

6-24-24

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 _____