

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

SCHOOL SOUTH TODD ELEMENTARY SCHOOL FACULTY MEMBER(S) SPONSORING TRIP 4TH GRADE TEAM

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION: JEFFERS BEND ENVIRONMENTAL CENTER ADDRESS: 1170 METCALFE LN, HOPKINSVILLE, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9-13-24 DEPARTURE TIME 8:45 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP -WAIVED ENTRANCE FEE PER MR TURNER - TRANSPORTATION COVERED BY JEFFERS BEND GRANT

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

NUMBER OF: STUDENTS 80 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 85

EAP: Person contacted at venue to discuss EAP: Charles Turner

Person making contact: Jennifer Oyler

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: n/a

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

Miranda Mansfield Kasey Wilson
Beth Ayers Lindsay Quarles
Lorie DeBerry

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

Jennifer Oyler 7-30-24
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative Carrie Tolva Date 7/31/24

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 _____