

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

TODAY'S DATE 8/30/2024 Elementary High School Guardian Angel
Faculty/Staff/Coach/Sponsor(s) Michelle White
Date(s) of Trip 9/24/2024-9/27/2024 Departure Time 6am Return Time 6pm

***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 _____ Class Trip (i.e. Junior, Senior), Specify 6th Grade
 Organization/Club Trip, Specify _____ Other (athletic, band), Specify _____

Washington, DC

****DESTINATION** _____ Miles (one way) to destination: 510 City/State _____
 Overnight: Give name of lodging and address Marriott, Bethesda Maryland

TRANSPORTATION (to be completed by Requestor)

FORM has been completed and approved by Brian Wever 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 Class Trip/Government Number of days absent from school 4

Number of: Students Going on Trip 110 Faculty/Staff 4 Other Chaperones 65

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 <input type="checkbox"/> Yes <input type="checkbox"/> No Principal _____ Signature Date _____

Trip Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Superintendent/Designee _____ Signature Date _____ <input type="checkbox"/> Yes <input type="checkbox"/> 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).

Sponsor Name (Your name) Michelle White

Destination/Venue Washington, D.C.

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 Various Museums and Hotel

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 _____

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*