

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

SCHOOL Horizons Academy FACULTY MEMBER(S) SPONSORING TRIP Bryan Morris

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip/ Organization responsible for Payment: Horizon's Academy

DESTINATION Martin Hill ADDRESS 206 Elk Fork Rd, Elkton, MD 21220

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/20/2024 DEPARTURE TIME 08:30 RETURN TIME 10:15

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 21

EAP: Person contacted at venue to discuss EAP: Tony Prim Person making contact: Bryan Morris

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: n/a - unsure

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: n/a unsure

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

Chris Long _____
Willen Cohen _____

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

B.M. _____ Date 9/8/2024
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative B.M.S. Date 9/8/2024

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 _____

Review/Revised:11/13/2023