

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

**TODAY'S DATE** 10/7/24 ☐ Elementary ☒ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Austin Bralley

Date(s) of Trip 10/19/24 Departure Time 7:15am Return Time 6:35pm

*\*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 \_\_\_\_\_  
☐ Organization/Club Trip, Specify \_\_\_\_\_ ☒ Other (athletic, band), Specify Marching Tigers

**\*\*DESTINATION** Estill Co HS Miles (one way) to destination: 121 City/State Irvine, KY

☐ Overnight: Give name of lodging and address \_\_\_\_\_

**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 KMEA Regional Quarterfinals Number of days absent from school 0

Number of: Students Going on Trip ~80 Faculty/Staff 2 Other Chaperones ~10

**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**

☒ Yes ☐ No Principal  Signature Date 10/7/2024

**Trip Approved**

☐ Yes ☐ No Superintendent/Designee \_\_\_\_\_ Signature Date \_\_\_\_\_

☐ Yes ☐ 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) Austin Bralley

Destination/Venue Estill Co HS

Venue Address 397 Engineer Rd, Irvine, KY 40336

Person or email contacted at venue to discuss EAP On File

Position/Title of person contacted On File

Date (s) of contact On File

Is there an Automatic External Defibrillator (AED) on site X yes \_\_\_\_\_no

If yes, where is it located On File

Does the venue have an emergency response team (ERT)? X yes \_\_\_\_\_no

Process to request (how will you request) AED and/or ERT if needed at the scene \_\_\_\_\_

On File

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*