

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.
A SEATING CHART FOR ALL TRIPS MUST BE SUBMITTED TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL MCHS FACULTY MEMBER(S) SPONSORING TRIP S. Borchett

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify FBLA ☐ Other (athletic, band, if applicable) _____

DESTINATION NFLC - Columbus (Hyatt) ADDRESS 350 N. High Street PHONE (614) 463-1234
Columbus, OH 43215

- ☒ Out of State ☐ Out of County ☐ Within County
☒ Overnight; give name, address, phone of lodging Hyatt Regency, 350 N. High St.,
Columbus, OH 43215

DATE(S) OF TRIP Nov. 8-9, 2024 DEPARTURE TIME 3:30 PM RETURN TIME 11/9 @ 5 PM

PURPOSE/EDUCATIONAL VALUE National Fall Leadership Conference, required
for Carter Wells as a state officer

SOURCE OF FUNDING FOR TRIP FBLA, KY

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY _____

NUMBER OF: STUDENTS 1 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 2

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☒ NO ☐ YES, # OF STUDENTS _____ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

☒ YES ☐ NO I HAVE AN EVENT-SPECIFIC EMERGENCY ACTION PLAN FOR THE TRIP SITE AND WILL
DISTRIBUTE TO ALL PERSONNEL ATTENDING THE EVENT IN AN OFFICIAL CAPACITY.

Have all chaperones undergone the required records check and been designated by the
principal/designee to supervise students? ☒ Yes ☐ No

Stephen D. Borchett
Signature of Faculty Sponsor

10/11/2024
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21
(CONTINUED)

School-Meal Request Form – Field Trips

Date: 10/11/2024

School Location: Botts Elementary School
(Please check one) Menifee Elementary School
Menifee High School ✓

Number of student meal requested: 0

Date needed: 11/08/24

Time needed: N/A

Contact or Pick-up Person: N/A

Contact Telephone Number: N/A

Special Needs:

Requesting Person Name: Stephen D. Burchett

Requesting Person Signature: Stephen D. Burchett

Please submit list of students who participated on the field trip to the Cafeteria Manager at time of pick-up.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 8/16/2023

**Event Specific Emergency Action Plan (EAP) for School Sanctioned
Nonathletic Event Held Off-Campus**

Destination/Venue FBLA National Leadership Conference

Venue Address: 350 N. High Street, Columbus, OH 43215

Person or email contacted at venue to discuss EAP Patti

Position/title of person contacted Front

Date(s) of contact 10/11/2024

Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no

If yes, where is it located. Front Desk

Does venue have an emergency response team (ERT)? ☒ yes ☐ no

Process to request AED and/or ERT if needed at the scene: Call emergency line
High 5. Full response plan

Will a portable AED be taken from school on this trip? ☒ yes ☐ no

If yes, who will be responsible for oversight and location of AED? Mr. Burchett

Is any other assigned emergency equipment available on field trip? N/A

If yes, list location of equipment: _____

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.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- 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.

Bus # _____

N/A

			Row 12			
			Row 11			
			Row 10			
			Row 9			
			Row 8			
			Row 7			
			Row 6			
			Row 5			
			Row 4			
			Row 3			
			Row 2			
			Row 1			
Steps				Driver		

