

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on the next page.

Destination Shelby Valley HS  
Date(s) of Trip 9/28 Time of Departure 10:00 am \*Time of Return 11:59 pm  
Approximate Mileage (one way) 265 miles  
Approximate Number of Students 50 Approximate Number of Adults 6  
Number of Buses Required 0 Method of Transportation (if not school bus) Charter Purchased  
Will you stop for lunch? YES NO If "YES", where? George Rogers Clark HS  
Winchester, Ky

**TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN**

Number of Instructional Days lost 0 Justification: What is to be learned? \_\_\_\_\_  
How will the experience be used and evaluated? \_\_\_\_\_  
Names of chaperones (if applicable) EHS Football staff

Have all chaperones undergone the required records check and been designated by the principal/designee to take the trip? YES NO

**TRIP INFORMATION**

**Financial Costs**

Mileage (estimate) \$ \_\_\_\_\_  
Driver (estimate) \$ \_\_\_\_\_  
Hotel \$ \_\_\_\_\_  
Meals \$ \_\_\_\_\_  
Admission \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**Method of Payment**

Student Payment \$ \_\_\_\_\_  
School Activity Acct \$ \_\_\_\_\_  
Athletic Boosters \$ \_\_\_\_\_  
Band Boosters \$ \_\_\_\_\_

Requested by Kelly Fisher via EHS Football Date 9/19/24  
Approved/Disapproved \_\_\_\_\_, Principal Date \_\_\_\_\_  
Approved/Disapproved \_\_\_\_\_, Superintendent Date \_\_\_\_\_

\_\_\_\_\_  
Principal approval for all field trips.

\_\_\_\_\_  
Superintendent approval is required for all field trips over 65 miles one (1) way.

\_\_\_\_\_  
Superintendent approval is required for all overnight field trips.

\*On school days, the return time should not exceed 2:00 p.m.

Requesting School EHS Football Organization/Team/Class Football  
Date(s) of Trip 9/28/24 Destination Shelby Valley HS  
Number of Buses Required 2 Teacher(s)/Sponsor(s) in Charge Tyler Mattingly, Head Coach  
Teacher(s)/Sponsor(s) in Charge Cell Phone# (502) 671-9414  
Time of Departure 10:00am Time of Return (by 2:00 pm on school day) 11:59pm  
Fund Responsible for Payment QB Club - No cost to EIS  
Will you stop for lunch? YES NO If "YES", where? George Rogers Clark HS  
Do you need storage? YES NO Winchester, Ky

### TRANSPORTATION - DRIVER'S REPORT

Driver Assigned \_\_\_\_\_ Bus Number \_\_\_\_\_

Odometer Reading	
End of Trip	_____
Start of Trip	_____
Total Miles	_____

Time of Trip	
Time Started	_____
Time Ended	_____
Total Time	_____

Please Check:	
_____	In City
_____	Out of County
_____	Dropped and Returned
_____	Dropped - Waited - Returned

Number of students transported _____	
Number of adults transported _____	

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Transportation Signature \_\_\_\_\_ Date \_\_\_\_\_

### CENTRAL OFFICE ONLY

Amount Paid Driver \$ \_\_\_\_\_ Date \_\_\_\_\_

### RELATED PROCEDURES:

09.36 AP.211

Review/Revised: 7/17/2023

yes I have an event-specific emergency action plan for the trip site and will distribute to all personnel

## Event Specific Emergency Action Plan (EAP) for School Sanctioned

## Nonathletic Event Held Off-Campus

Destination/Venue Shelby Valley High School

Venue Address 125 Douglas Pkwy Pikeville, Ky 41501

Person or email contacted at venue to discuss EAP Jessica Oney As required by KHSAA,

Position/Title of person contacted Asst Athletic Dir. Shelby Valley will have

Date (s) of contact 9/19/2024

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

If yes, where is it located Gym

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

Process to request AED and/or ERT if needed at the

scene

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

If yes, who will be responsible for oversight and location of AED Coach Mattingly & Asst Coaches

Is any other assigned emergency equipment available on field trip?

NO

If so, list location of equipment

The school personnel or volunteer attending in an official capacity that 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
  - o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
  - o Call 9-1-1 using cell phone or other means of communication
  - o Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
  - o Retrieve and use the nearest Automated External Defibrillator (AED)
  - o Continuing supporting the victim until the local EMS arrives and takes over care
  - o Direct EMS to the scene attending the event in an official capacity