

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD FACULTY MEMBER(S) SPONSORING TRIP ERICA SKIPWORTH

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Mr Thomas

DESTINATION HEARTHSTONE & ROTARY ADDRESS ELKTON KY

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 12-4-24 DEPARTURE TIME 1030 RETURN TIME 130

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 36

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: \_\_\_\_\_

Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If yes, where: \_\_\_\_\_

Does the venue have an Emergency Response Team: ☐ Yes ☐ No If yes, how are they contacted: \_\_\_\_\_

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

Erica Skipworth

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

Erica Skipworth  
Signature of Faculty Sponsor

11-26-24  
Date

Approval of Site Based Council Representative Carmel Toliver Date 11-26-24

**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 \_\_\_\_\_