

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____
PRIOR TO THE TRIP.			

SCHOOL ACS4FL FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

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

DESTINATION _____ ADDRESS 1 Titans Way PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging _____
DATE(S) OF TRIP 12-30-24 DEPARTURE TIME 9:00 AM RETURN TIME 6:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP ACS4FL + Music City Bowl Sponsors

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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 70 FACULTY SPONSORS _____ OTHER CHAPERONES 25TOTAL # OF PARTICIPANTS 95

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.)

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

Person contacted at venue to discuss EAP: Jonathan Turner Person making contact: _____Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Every SectionDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:Usbers / Security

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

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

Signature of Faculty Sponsor	Date
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Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

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

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 9/18/2023

[Insert School Name]

Non-Athletic Event-Specific Emergency Action Plan (EAP)

Event Teacher/Sponsor: Jonathan Turner / Megan Hensley Cell Phone Number: 270-237-0571 / 270 606 1164

Destination/Venue Address: Music City Bowl 1 Titans Way Nashville TN

School Employee(s) Attending Trip and Cell Number(s) (Please note beside name if employee is CPR Certified):

Brad Hood 270 606 0745
Megan Hensley 270 606 1164

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

List Students with Medical Needs (Diagnosis/Condition): List Medication Trained Employee Assigned to Each Student's Care:

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(Please use separate sheet and attach to this form if more space is needed for student(s) with medical needs)

Trip Location Contact Person: Jonathan Turner Phone Number: 270 237 0571

EAP Contact Person to Discuss Venue EAP (if different than above): _____ Phone Number: _____

Position/Title of Person Contacted: League President

Who made the contact: _____

Date(s) of Contact: _____

Does venue location have an EAP? ☒ Yes ☐ No

Will a portable automatic external defibrillator (AED) be taken from school? ☐ Yes ☒ No

If yes, name and cell phone number of person on trip responsible for oversight and location of AED: _____

Is any other school emergency equipment available? ☐ Yes ☒ No

If yes, list emergency equipment items and location: _____

If yes, name and cell phone number of person on trip responsible for oversight of other emergency equipment: _____

Does the venue location have an emergency response team (ERT): ☒ Yes ☐ No

If yes, list names and contact information in order of available contacts: _____

If yes, will members of the emergency response team be available in the event of a medical emergency during the school event: X Yes No

Does the venue location have an AED on site? X Yes No

If yes, list location(s): _____

Describe process to request AED and/or ERT, if needed: Look for Security / Ushers

Is access to emergency transport available at the destination/venue? X Yes No

If yes, name of emergency transport organization and phone number: _____

Non-Athletic Event-Specific Cardiac Emergency Response Plan

- Location of AEDs, if any: _____
- How to gain access to nearest AED: _____
- 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 911 using cell phone or other means of communication
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
 - Someone certified in CPR (a school employee or venue employee) should retrieve and use the nearest AED, if available
 - Continue supporting the victim until the local EMS arrives and takes over care
 - Direct EMS to the scene

School personnel attending the event in an official capacity are responsible for implementation of the EAP, including the Cardiac Emergency Response Plan.

Required Signatures:

Teacher/Sponsor: Jonathan Tu Date: 12-12-24

Principal Approval: _____ Date: _____

**** Upon completion and Principal approval, the Event Teacher/Sponsor must distribute this form to all personnel attending the event in an official capacity.****

Approved by SBDM Council: insert date