

School-Related Student Trip Forms

This form is to be used when students take any trip off campus for school purposes.

School: BCHS Grade(s): _____ Class/Activity Group/Team: Track & Field
 Teacher/Sponsor/Coach: Drew Perrault Cell Phone Number: 859-983-1266
 Destination Venue, Location and State: University of Tenn.
 Trip Location Contact Person: _____ Phone Number: _____
 # Teachers: _____ # Students: _____ # Chaperones: _____ Adult/Student Ratio: _____

Date(s) & Times		Cost	Transportation
Departure Date: <u>4/18/25</u>		Total Cost: \$ <u>8000.00</u>	<input type="checkbox"/> District Bus/Van
Time: <u>8:00 AM</u> AM/PM		Funding Source: <u>Dues & Meet (Home)</u>	<input type="checkbox"/> Charter Bus:
Return Date: <u>4/19/25</u>		Fee to be assessed to students:	Approved Bid - Company Name
Time: <u>10:00 PM</u> AM/PM		\$ <u>200 per</u>	<input type="checkbox"/> Other: _____
		Attach Student Activity Cost Form 09.15 AP.2	Attach a copy of Charter Bus Contract.
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be		
	School Cafeteria Packed <input checked="" type="checkbox"/> consumed: <u>Delia Rest Stop</u>		
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location:	
Over Night	Date: <u>8/18 & 8/19</u>	Lodging: <u>The Graduate Base Campus</u>	
	Date: <u>2025</u>	Lodging:	

Trip Purpose and Core Content/Learning targets: Competition Team

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: Drew Perrault

School Nurse Initials: _____ for verification that medications administrator listed above received training.

Due Date: _____ to turn in Roster and complete Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- AP I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- AP I have attached an anticipated Trip Itinerary
- AP I have evaluated the trip site for potential hazards/special requirements
- AP I have an event-specific emergency action plan for the trip site and will distribute it to all personnel attending the event in an official capacity.
- AP Funds have been secured for indigent students
- AP If needed, background checks for chaperone approval have been initiated
- AP Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: _____ Date: _____

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

SCHOOL SANCTIONED NON ATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue University of Tennessee
Venue Address 1801 Volunteer Blvd Knoxville TN 37996
Person or email contacted at venue to discuss EAP drew.lardner@gmail.com
Position/Title of person contacted Coach Drew Perrant
Date (s) of contact Any
Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no
If yes, where is it located? at Team Tent
Does the 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 If yes, who will be responsible for oversight and location of AED? Drew Perrant

Is any other assigned emergency equipment available on the field trip? ☒ yes ☐ no

If so, list location of equipment 1st Aid Kit

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. Drew Perrant, Mike Felty

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

- Location of AEDs; Team Tent
- If possible, how to gain access; In team Bag
- 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);
 - Retrieve and use the nearest AED;
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.