

STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE 1/21/25 ☐ Elementary ☒ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Austin Bralley/Savannah Starks

Date(s) of Trip 1/31/25-2/1/25 Departure Time 12:00pm 1/31 Return Time 4:00pm 2/1

**If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip. Also, staff are required to know where AED's are located if applicable. SEE BELOW.*

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip, Specify Class _____ ☐ Class Trip (i.e. Junior, Senior), Specify _____
☐ Organization/Club Trip, Specify _____ ☒ Other (athletic, band), Specify band

****DESTINATION** Lexington, KY Miles (one way) to destination: 76 City/State Lexington, KY

☒ Overnight: Give name of lodging and address 1080 Newtown Pike, Lexington, KY 40511

TRANSPORTATION (to be completed by Requestor)

☐ FORM has been completed and approved by Brian Wever and is on the Transportation Spreadsheet.

****Does the trip exceed 100 miles?** ☐ Yes ☒ No **If Yes, trip requires Board of Ed approval.** See Below.

☐ Use of Common Carrier in Lieu of School Bus Procedure 09.36

☐ Private Vehicle, if allowed by policy. Specify Driver(s) _____

Purpose/Educational Value UK Honor Band Number of days absent from school _____

Number of: Students Going on Trip 5 Faculty/Staff 1 Other Chaperones _____

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? ☐ YES ☐ NO **IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.**

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved

☒ Yes ☐ No Principal  Signature Date 1/20/2025

Trip Approved

☐ Yes ☐ No Superintendent/Designee _____ Signature Date _____

☐ Yes ☐ No Board of Education if applicable _____ Signature Date _____

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Review/Revised: November 2018 Page 1 of 1

MUST COMPLETE PAGE 2 AS WELL and turn in with request form.

Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus (Teacher/Sponsor must complete with above form).

Sponsor Name (Your name) Savannah Starks

Destination/Venue Singletary Center for the Arts

Venue Address 405 Rose St, Lexington, KY 40508

Person or email contacted at venue to discuss EAP On File

Position/Title of person contacted On File

Date (s) of contact On File

Is there an Automatic External Defibrillator (AED) on site X yes _____no

If yes, where is it located On File

Does the venue have an emergency response team (ERT)? X yes _____no

Process to request (how will you request) AED and/or ERT if needed at the scene On File

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 as follows:

- *Know 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*