

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

SCHOOL Horizons FACULTY MEMBER(S) SPONSORING TRIP Brycen Morris

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Horizons

DESTINATION Miller Valley Rd ADDRESS Miller Valley Rd, Grandage Rd

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/5/25 DEPARTURE TIME 9:30 RETURN TIME 12:00

SOURCE OF FUNDING FOR TRIP Horizons (Mark Thomas)

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

NUMBER OF: STUDENTS 16/17 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Brycen Morris

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):

Brycen Morris _____ William Cohen

Chris Lopez _____

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

Signature of Faculty Sponsor _____ 1/31/25
Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Trash
for
Cash