

STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**TODAY'S DATE 1-21-25 ☒ Elementary ☒ High School ☐ Guardian AngelFaculty/Staff/Coach/Sponsor(s) Molly SeifertDate(s) of Trip Fri. Feb. 21, 2025 Departure Time 8:00 am Return Time (Sat. night)

**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 M.S. Forensics Team

****DESTINATION** Douglass H.S. in Lexington Miles (one way) to destination: 80 City/State Lexington, KY☒ Overnight: Give name of lodging and address Hampton Inn - I 75 Hamburg Lexington, KY**TRANSPORTATION (to be completed by Requestor)**

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

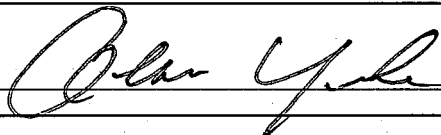
****Does the trip exceed 100 miles?** ☐ Yes ☒ No **If Yes, trip requires Board of Ed approval. See Below.**

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

☒ Private Vehicle, if allowed by policy. Specify Driver(s) Students provide their own transportation

Purpose/Educational Value Speech & Debate Number of days absent from school 1 w/ guardiansNumber of: Students Going on Trip 15 Faculty/Staff 1 Other Chaperones 1

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 PrincipalSignature Date 1/22/2025**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) Molly Seifert

Destination/Venue Frederick Douglass High School

Venue Address 2000 Winchester Rd, Lexington, KY 40509

Person or email contacted at venue to discuss EAP Jason Meenach, Theatre Teacher

Position/Title of person contacted _____

Date (s) of contact 1-22-25

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no

If yes, where is it located ① On the wall across from the front office, main entrance.

② In the gym

Does the venue have an emergency response team (ERT)? ☐ yes ☒ no

Process to request (how will you request) AED and/or ERT if needed at the scene Call 9-1-1

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