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) _Seifert_

Date(s) of Trip _3/6/25 - 3/8/25_ Departure Time _6:00 pm on 3/6/25_ Return Time _9:00pm on 3/8/25_

*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 _H.S. Forensics Team_

**DESTINATION _WKU_ _____ Miles (one way) to destination: _176_ City/State _Bowling Green, KY_
☑ Overnight: Give name of lodging and address _Mainstay Suite: Bowling Green North_
554 Corvette Dr. Building A.
TRANSPORTATION (to be completed by Requestor) _Bowling Green, KY_
☑ 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.SpecifyDriver(s)_____
Purpose/Educational Value _Speech & Debate!_ Number of days absent from school _1_

Number of: Students Going on Trip _20_ Faculty/Staff _2_ Other Chaperones _2_

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 _Alan Yih_	Signature Date _1/20/2525_

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 __Western Kentucky University__

Venue Address __1906 College Heights Blvd, Bowling Green, KY 42101__

Person or email contacted at venue to discuss EAP __Campus Safety__

Position/Title of person contacted _____

Date (s) of contact __1-21-25__

Is there an Automatic External Defibrillator (AED) on site __✓__ yes _____ no

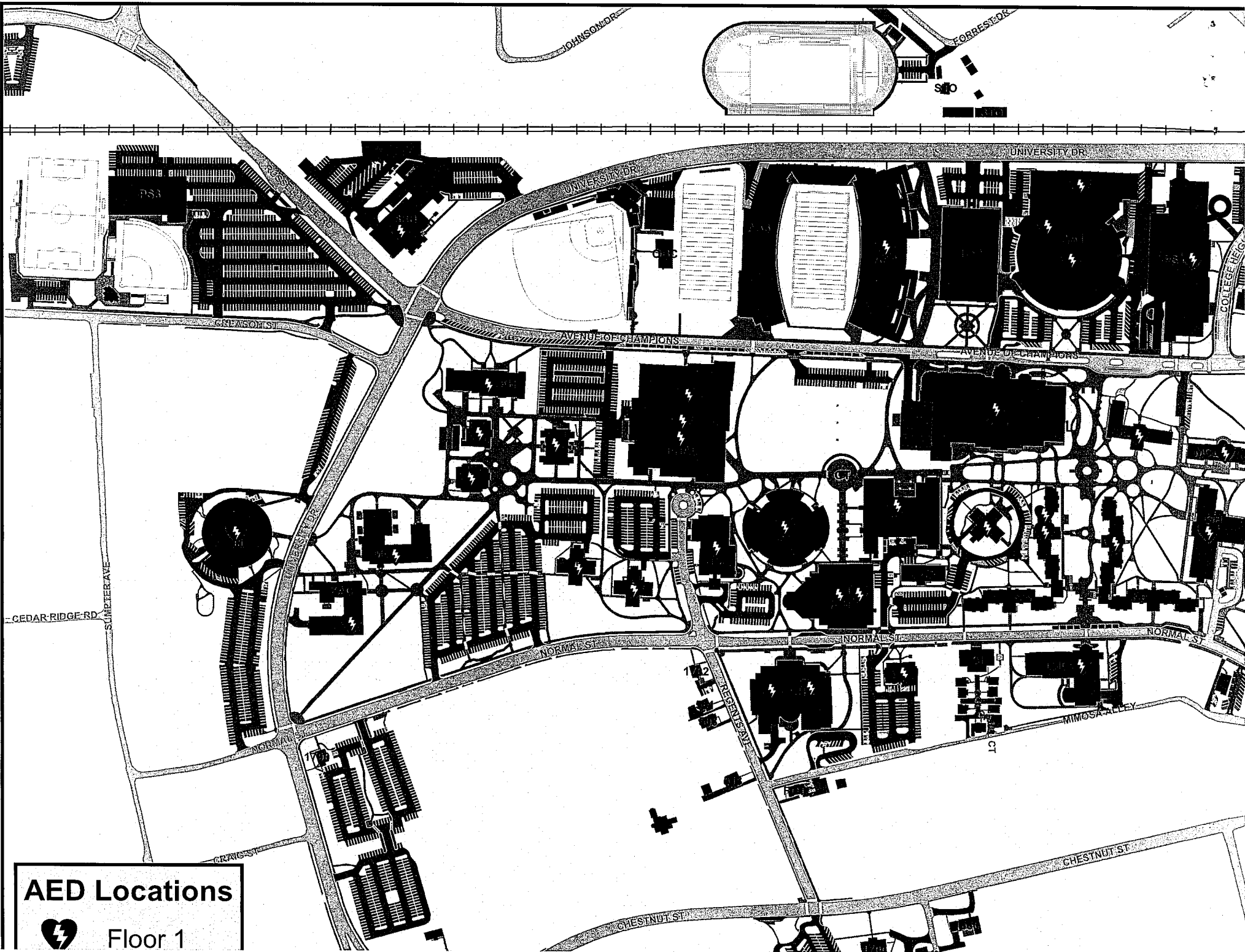If yes, where is it located __(See attached)__

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 911__
__Campus Safety__

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*

AED Locations

💟 Floor 1