

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD ELEMENTARY SCHOOL FACULTY MEMBER(S) SPONSORING TRIP 5TH GRADE/TCMS

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment:  
TCMS/STES

DESTINATION TCMS ADDRESS 515 W MAIN ST ELKTON

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 5-12-25 DEPARTURE TIME 12:45 (ARRIVE AT TCMS BY 1:00) RETURN TIME 2:30?

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 64 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 69

EAP: Person contacted at venue to discuss EAP: K Davis Person making contact: J Oyler

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: Admin

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Rachel Meyer

Brad Balmer

Krista Stratton

Ashly Wofford

Carrie Tobar

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

Signature of Faculty Sponsor

2-24-25  
Date

Approval of Site Based Council Representative Signature Date 2-24-25

**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 \_\_\_\_\_

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD ELEMENTARY FACULTY MEMBER(S) SPONSORING TRIP SHELLY GAMMON, LINDSEY SISCO, SARAH BALLARD

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION TODD COUNTY PUBLIC LIBRARY ADDRESS 507 SOUTH MAIN STREET

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP JANUARY 14TH, 2025 DEPARTURE TIME 12:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 56 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 59

EAP: Person contacted at venue to discuss EAP: Erin Person making contact:

Sarah Ballard

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: By Phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Shelly Gammon

Sarah Ballard

Lindsey Sisco

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

Lindsey Sisco  
Signature of Faculty Sponsor

Shelly Gammon

Date

Approval of Site Based Council Representative

Carol Tolman

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 \_\_\_\_\_