

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

A SEATING CHART FOR ALL TRIPS MUST BE SUBMITTED TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL MCHS FACULTY MEMBER(S) SPONSORING TRIP Stacy Carter

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Kings Island ADDRESS 6300 Kings Island Dr. PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP May 10th DEPARTURE TIME 8:00am RETURN TIME 12:00amPURPOSE/EDUCATIONAL VALUE To improve socialization, self advocacySOURCE OF FUNDING FOR TRIP Special Education

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY Special EducationNUMBER OF: STUDENTS 3 FACULTY SPONSORS 2 OTHER CHAPERONES Stacy Carter
TOTAL # OF PARTICIPANTS _____

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

- ☒ NO ☐ YES, # OF STUDENTS _____ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☒ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

☒ YES ☐ NO I HAVE AN EVENT-SPECIFIC EMERGENCY ACTION PLAN FOR THE TRIP SITE AND WILL DISTRIBUTE TO ALL PERSONNEL ATTENDING THE EVENT IN AN OFFICIAL CAPACITY.Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Stacy Carter
Signature of Faculty Sponsor

Date _____

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Gina Reed
Signature of Superintendent/Designee

Date _____

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Event Specific Emergency Action Plan (EAP) for School Sanctioned
Nonathletic Event Held Off-Campus

Destination/Venue Kings Island

Venue Address: 6300 Kings Island Dr. Mason, OH

Person or email contacted at venue to discuss EAP Rebecca

Position/title of person contacted manager

Date(s) of contact 3/19/25

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

If yes, where is it located. at 1st Aid Station + planet City + Sock City

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

Process to request AED and/or ERT if needed at the scene: locate an employee

Will a portable AED be taken from school on this trip? ☒ yes ☐ no

If yes, who will be responsible for oversight and location of AED? Stacy Carter

Is any other assigned emergency equipment available on field trip? N/A

If yes, list location of equipment: N/A

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.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- 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.

Review/Revised: 8/16/2023

Purchase Orders

PO Number:

***Date of Request:**

***Account Code:**

*Business: Fifth-third

Kings Island

6300 Kings Island Dr. Mason, OH

\$ 506.39

Total:

\$ 520.00

Superintendent

Reviewed/Revised : 6/30/2019

****All information fields must be completed for processing**