

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination	Washington DC					
Date(s) of Trip	April 10-13, 2025		Time of Departure	5:00 AM	*Time of Return	11:00 PM
Approximate Mileage (one way)	597 miles					
Approximate Number of Students	20		Approximate Number of Adults	6		
Number of Buses Required	none		Method of Transportation (if not school bus)	charter bus		
Will you stop for lunch?	X	YES	NO	If "YES", where?	unknown	

**TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN**

Number of Instructional Days lost 2 Justification: What is to be learned? history of the United States

How will the experience be used and evaluated? discussion with students about the experience

Names of chaperones (if applicable) Heather Coogle, Ray Valentine, Amy Brown, Ma Guadalupe Jimenez Gutierrez, Emily Lancaster, Shawn Si

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

X	Yes	NO
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## TRIP INFORMATION

## Financial Costs

Mileage (estimate)	\$ _____
Driver (estimate)	\$ _____
Hotel	\$ _____
Meals	\$ _____
Admission	\$ _____
<b>TOTAL</b>	<b>\$ 1287 per</b>

### Method of Payment

Student Payment	\$1,287.00
School Activity Acct	
Athletic Boosters	\$
Band Boosters	\$

Requested by Heather Coogle \_\_\_\_\_ Date 3/27/25

Approved/Disapproved Hope C. Jones, Principal Date 3/27/25

Approved/Disapproved \_\_\_\_\_, Superintendent Date \_\_\_\_\_

Principal approval for all field trips.

Superintendent approval is required for all field trips over 65 miles one (1) way.

Superintendent approval is required for all overnight field trips.

\*On school days, the return time should not exceed 2:00 p.m.

Requesting School	<u>TK Stone Middle School</u>	Organization/Team/Class	<u>8th Grade</u>
Date(s) of Trip	<u>April 10-13, 2025</u>	Destination	<u>Washington DC</u>
Number of Buses Required	<u>0</u>	Teacher(s)/Sponsor(s) in Charge	<u>Heather Coogle &amp; Ray Valentine</u>
Teacher(s)/Sponsor(s) in Charge Cell Phone#	<u>2702689360</u>		
Time of Departure	<u>5:00 AM</u>	Time of Return (by 2:00 pm on school day)	<u>11:00 PM</u>
<b>Fund Responsible for Payment</b> <u>none</u>			
Will you stop for lunch	No <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	If "YES", where?	<u>unknown</u>
Do you need storage?	yes <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

**TRANSPORTATION - DRIVER'S REPORT**

Driver Assigned \_\_\_\_\_ Bus Number \_\_\_\_\_

<b>Odometer Reading</b> End of Trip _____ Start of Trip _____ Total Miles _____	<b>Time of Trip</b> Time Started _____ Time Ended _____ Total Time _____
<b>Please Check:</b> <input type="checkbox"/> In City <input type="checkbox"/> Out of County <input type="checkbox"/> Dropped and Returned <input type="checkbox"/> Dropped - Waited - Returned	Number of students transported _____ Number of adults transported _____

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Transportation Signature \_\_\_\_\_ Date \_\_\_\_\_

**CENTRAL OFFICE ONLY**

Amount Paid Driver \$ \_\_\_\_\_ Date \_\_\_\_\_

**RELATED PROCEDURES:**

09.36 AP.211

Review/Revised: 7/17/2023

## Event Specific Emergency Action Plan (EAP) for School Sanctioned

## Nonathletic Event Held Off-Campus

Destination/Venue\_\_\_ Washington DC - monuments, Capital building, National Archives, Holocaust Museum

Venue Address\_\_\_ Hampton Inn Manassas, 7295 Williamson Dr, Manassas, VA

Person or email contacted at venue to discuss EAP\_\_\_ Michael Morgenthal

Position/Title of person contacted tour guide

Date (s) of contact \_\_\_\_\_

Is there an Automatic External Defibrillator (AED) on site \_ YES

If yes, where is it located\_\_\_\_\_ will have a portable one with us at all times and all the museums and locations will have one

Does venue have an emergency response team (ERT)? \_ YES

Process to request AED and/or ERT if needed at the

scene\_\_\_ will have with us

Will a portable AED be taken from school on this trip \_\_\_\_ YES

If yes, who will be responsible for oversight and location of AED\_\_\_ Heather Coogle

Is any other assigned emergency equipment available on field trip? NO

If so, list location of equipment\_\_\_\_\_

The school personnel or volunteer attending in an official capacity that 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
  - o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
  - o Call 9-1-1 using cell phone or other means of communication
  - o Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
  - o Retrieve and use the nearest Automated External Defibrillator (AED)
  - o Continuing supporting the victim until the local EMS arrives and takes over care
  - o Direct EMS to the scene attending the event in an official capacity