

STUDENTS

09.36 AP.21

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

SCHOOL South Todd Elem. FACULTY MEMBER(S) SPONSORING TRIP Nicole Osborne / Kendra Haley

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Elkton City Park ADDRESS Elkton Park Rd. Elkton Ky. 42220  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP Friday, April 11, 2025 DEPARTURE TIME 8:30 A.M. RETURN TIME 2:40 P.M.

SOURCE OF FUNDING FOR TRIP SPERM

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

NUMBER OF STUDENTS 224 FACULTY SPONSORS 13 TOTAL # OF PARTICIPANTS 234

EAP: Person contacted at venue to discuss EAP: Brad Rager Person making contact: Jenn Oyster

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: \_\_\_\_\_

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

Nicole Osborne Miranda Mansfield Steve Higgins Kasey Wilson  
Kendra Haley Lone Deberry Kaitlin Morris Brad Balmer  
Allison Glodski Beth Ayers Kaylee Walker Rachel Meyer

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative Jennifer Byrd Date 3-24-25

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