

STUDENTS

09.36 AP.21

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

SCHOOL Todd Co. 4H FACULTY MEMBER(S) SPONSORING TRIP Pam Wells

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Todd County 4H

DESTINATION Elkton Baptist Church ADDRESS 301 E. Main Elkton

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Apr. 17 DEPARTURE TIME NT 10 am RETURN TIME 2:30 pm ST

SOURCE OF FUNDING FOR TRIP Todd Co. 4H - send bill

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

NUMBER OF: STUDENTS 44 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 46

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

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):

Pam Wells
Emily Buis

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

[Signature] 4-14-25
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative _____ 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 _____