

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY	PRIOR TO THE TRIP.
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SCHOOL HCSHS FACULTY MEMBER(S) SPONSORING TRIP Coach Bray

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 Westmoreland HS ADDRESS 7800 Hawkins Dr PHONE _____

- ☒ Out of State ☐ Out of County ☐ Within County Westmoreland, TN
- ☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/25/25 DEPARTURE TIME 4:00 RETURN TIME 9:30

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP Baseball School Acct.

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 31 FACULTY SPONSORS 4 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 35

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.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Athletic Director Person making contact: Coach BrayIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: ConcessionDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Phone

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

Coach Bray

Coach Schnitzer

Coach Dennis

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

Signature of Faculty Sponsor

Date

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

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.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023