

STUDENTS

09.36 AP.21

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

SCHOOL : **Todd County Middle School** FACULTY MEMBER(S) SPONSORING TRIP **KIMBERLY DAVIS**

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Shuttle buses for TCMS promotion in case of inclement weather

DESTINATION: **TODD COUNTY MIDDLE SCHOOL** ADDRESS: **515 W. MAIN ST. ELKTON, KY, 42220**

☐ Overnight; give name, address, phone of lodging: N/A

DATE(S) OF TRIP: **05/13/2025** DEPARTURE TIME: **3:30 PM** RETURN TIME: **6:30 PM**

SOURCE OF FUNDING FOR TRIP **TCMS**

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

NUMBER OF: STUDENTS: **350** FACULTY SPONSORS: **TCMS ADMINISTRATION** TOTAL # OF PARTICIPANTS: **350**

EAP: Person contacted at venue to discuss EAP: Kimberly Davis Person making contact: Kimberly Davis

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where:

front hall and gymnasium

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Radio/Cell

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

The purpose of this trip request is to run shuttle buses between TCCHS and TCMS for the TCMS 8th grade promotion.

This is only in case of inclement weather.

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

Signature of Faculty Sponsor

Approval of Site Based Council Representative

5/7/25
Date

Date

5/7/25

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 _____