

Field Trip Request Form

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 FBLA NATIONAL LEADERSHIP CONFERENCE - ANAHEIM CONVENTION CENTER, ANAHEIM CALIFORNIA

Date(s) of Trip 6/29/25 - 7/3/2025 Time of Departure _____ *Time of Return _____

Approximate Mileage (one way) 2070

Approximate Number of Students 2 Approximate Number of Adults 1

Number of Buses Required 0 Method of Transportation (if not school bus) Plane

Will you stop for lunch? ☐ YES ☒ NO If "YES", where? _____

TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN

Number of Instructional Days lost 0 Justification: What is to be learned? FBLA members will be competing at the national level

How will the experience be used and evaluated? Enhance leadership skills and compete against other FBLA members

Names of chaperones (if applicable) Greg Spears

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

☒ YES ☐ NO

TRIP INFORMATION**Financial Costs**

Mileage (estimate) \$ _____

Driver (estimate) \$ _____

Hotel \$ _____

Meals \$ _____

Admission \$ _____

TOTAL \$ _____

Method of Payment

Student Payment \$ _____

School Activity Acct \$ _____

Athletic Boosters \$ _____

Band Boosters \$ _____

Requested by Greg Spears Date 5/15/25

Approved/Disapproved Josh Henderson , Principal Date 5/15/25

Approved/Disapproved _____, Superintendent Date _____

JH 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.

Field Trip Request Form

Requesting School ELIZABETHTOWN HIGH SCHOOL Organization/Team/Class FBLA
 Date(s) of Trip 6/29/25 - 7/3/25 Destination National Beta Conference, Anaheim, CA
 Number of Buses Required 0 Teacher(s)/Sponsor(s) in Charge Greg Spears
 Teacher(s)/Sponsor(s) in Charge Cell Phone# 270-304-5005
 Time of Departure _____ Time of Return (by 2:00 pm on school day) _____
 Fund Responsible for Payment _____ FBLA/EIS
 Will you stop for lunch? ☐ YES ☒ NO If "YES", where? _____
 Do you need storage? ☐ YES ☒ NO

TRANSPORTATION - DRIVER'S REPORT

Driver Assigned _____ Bus Number _____

Odometer Reading	
End of Trip	_____
Start of Trip	_____
Total Miles	_____

Time of Trip	
Time Started	_____
Time Ended	_____
Total Time	_____

Please Check:	
_____	In City
_____	Out of County
_____	Dropped and Returned
_____	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

_____ I have an event-specific emergency action plan for the trip site and will distribute to all personnel

Event Specific Emergency Action Plan (EAP) for School Sanctioned

Nonathletic Event Held Off-Campus

Destination/Venue _____ COMING SOON

Venue Address _____

Person or email contacted at venue to discuss EAP _____

Position/Title of person contacted _____

Date (s) of contact _____

Is there an Automatic External Defibrillator (AED) on site ____yes ____no

If yes, where is it located _____

Does venue have an emergency response team (ERT)? ____yes ____no

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

scene _____

Will a portable AED be taken from school on this trip ____yes ____no

If yes, who will be responsible for oversight and location of AED _____

Is any other assigned emergency equipment available on field trip?

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