School-Related Student Trip Request Form

09.36 AP.21

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.
A SEATING CHART FOR ALL TRIPS MUST BE SUBMITTED TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL MCHS FACULTY MEMBER(S) SPONSORING TRIP Julie Lane

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify ____

☑ Organization/Club Trip, specify Vet Science ☐ Other (athletic, band, if applicable) ____

DESTINATION Murray State ADDRESS 1374 Chestnut St Murray, KY 42071 PHONE 800 272 4678

☐ Out of State ☑ Out of County ☐ Within County

☑ Overnight; give name, address, phone of lodging Hampton Inn 1415 Lowes Dr. Murray, KY 42071 270 767-2226

DATE(S) OF TRIP Nov. 20 - 21st DEPARTURE TIME 9:00 AM on 20th RETURN TIME 8:00pm on 21st

PURPOSE/EDUCATIONAL VALUE compete in state contests for FFA Vet Science & Equine Science - contest content taught in class

SOURCE OF FUNDING FOR TRIP FFA

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

BILL TRIP EXPENSES TO: ☑ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY FFA

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 2 OTHER CHAPERONES ____

TOTAL # OF PARTICIPANTS 10

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☑ NO ☐ YES, # OF STUDENTS ____ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

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.)

☑ YES ☐ NO I HAVE AN EVENT-SPECIFIC EMERGENCY ACTION PLAN FOR THE TRIP SITE AND WILL DISTRIBUTE TO ALL PERSONNEL ATTENDING THE EVENT IN AN OFFICIAL CAPACITY.

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

Julie Lane
Signature of Faculty Sponsor

9/22/25
Date

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

Lisa Reed
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.

Event Specific Emergency Action Plan (EAP) for School Sanctioned Nonathletic Event Held Off-Campus

Destination/Venue Murray State University Equine Center

Venue Address: 2111 College Farm Road Murray KY 42071

Person or email contacted at venue to discuss EAP Trent Wells

Position/title of person contacted Associate Professor of Agricultural Education

Date(s) of contact 9/22

Is there an Automatic External Defibrillator (AED) on site? ☑ yes ☐ no

If yes, where is it located. on wall near entrance to facility

Does venue have an emergency response team (ERT)? ☑ yes ☐ no

Process to request AED and/or ERT if needed at the scene: call 911 + use the AED

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? Julie Lane

Is any other assigned emergency equipment available on field trip? No

If yes, list location of equipment:

The school personnel or volunteer attending in an official capacity who 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:
  - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
  - Call 9-1-1 using cell phone or other means of communication.
  - Begin Hands only CPR (push hard and fast in center of chest about 100 times/minute).
  - Retrieve and use the nearest Automated External Defibrillator (AED).
  - Continuing supporting the victim until the local EMS arrives and takes over care.
  - Direct EMS to the scene.

Review/Revised:8/16/2023