

STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE 9/23/2025 ☒ Elementary ☐ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) White, Sharp, Key, Porton

Date(s) of Trip 10/30/2025 Departure Time 7:30am Return Time 5:00 pm

**If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip. Also, staff are required to know where AED's are located if applicable. SEE BELOW.*

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip, Specify Class _____ ☒ Class Trip (i.e. Junior, Senior), Specify 5th Grade
☐ Organization/Club Trip, Specify _____ ☐ Other (athletic, band), Specify _____

****DESTINATION** COST Columbus Miles (one way) to destination: 113 City/State Columbus, Ohio

☐ Overnight: Give name of lodging and address _____

TRANSPORTATION (to be completed by Requestor)

☐ FORM has been completed and approved by Brian Wever and is on the Transportation Spreadsheet.

****Does the trip exceed 100 miles?** ☒ Yes ☐ No **If Yes, trip requires Board of Ed approval. See Below.**

☒ Use of Common Carrier in Lieu of School Bus Procedure 09.36 Craswell (2 buses)

☐ Private Vehicle, if allowed by policy. Specify Driver(s) _____

Purpose/Educational Value Science Content/Edge/Communication collaboration Number of days absent from school _____

Number of: Students Going on Trip 106 Faculty/Staff 6 Other Chaperones Undetermined/dive separate on buses

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? ☒ YES ☐ NO **IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.**

SUPERVISION - Attach a list of names of adults accompanying students on trip.

Trip Approved

☒ Yes ☐ No Principal [Signature] Signature Date 9/23/25

Trip Approved

☐ Yes ☐ No Superintendent/Designee _____ Signature Date _____

☐ Yes ☐ No Board of Education if applicable _____ Signature Date _____

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Review/Revised: November 2018 Page 1 of 1

MUST COMPLETE PAGE 2 AS WELL and turn in with request form.

Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus (Teacher/Sponsor must complete with above form).

Sponsor Name (Your name) Michelle White

Destination/Venue COSI

Venue Address 333 W Broad Street Columbus, Ohio 43215

Person or email contacted at venue to discuss EAP Strategically placed

Position/Title of person contacted throughout building

Date (s) of contact 9/23/2025 will not disclose

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

If yes, where is it located _____ locations for safety reasons

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

Process to request (how will you request) AED and/or ERT if needed at the scene _____

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 as follows:

- Know 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