

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

TODAY'S DATE _____ ☐ Elementary ☐ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) _____

Date(s) of Trip _____ Departure Time _____ Return Time _____

**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 _____

☐ Organization/Club Trip, Specify _____ ☐ Other (athletic, band), Specify _____

****DESTINATION** _____ Miles (one way) to destination: _____ City/State _____

☐ 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

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

Purpose/Educational Value _____ Number of days absent from school _____

Number of: Students Going on Trip _____ Faculty/Staff _____ Other Chaperones _____

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 Date _____

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) _____

Destination/Venue _____

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 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*