STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Menifee Central FACULTY MEMBER(S) SPONSORING TRIP J. Brown

TYPE OF TRIP (CHECK ONE):

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

☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Camp Judy Layne ADDRESS 1489 Camp Judy Layne Rd Wellington PHONE 859 490 0619

☐ Out of State ☐ Out of County ☒ Within County

☒ Overnight; give name, address, phone of lodging Camy Judy Layne - 1489 Camp Judy Layne Rd Wellington KY

DATE(S) OF TRIP 10/23 - 10/24/25 DEPARTURE TIME 8:30 10/23 RETURN TIME 2:00 10/24

PURPOSE/EDUCATIONAL VALUE hands-on experiences to build understanding of daily life, culture in early America

SOURCE OF FUNDING FOR TRIP 5th Grade Activity

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

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

NUMBER OF: STUDENTS 65 FACULTY SPONSORS 3 OTHER CHAPERONES 3

TOTAL # OF PARTICIPANTS 71

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.)

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

Jennifer Brown — *Signature of Faculty Sponsor* — 9/4/25 *Date*

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

Signature of Superintendent/Designee — 9/4/25 *Date*

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

STUDENTS 09.36 AP.22

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

Destination/Venue Camp Judy Layne

Venue Address: 1489 Camp Judy Layne Wellington KY

Person or email contacted at venue to discuss EAP Sherri Powers

Position/title of person contacted director

Date(s) of contact 9/4/25

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

If yes, where is it located. dining hall

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

Process to request AED and/or ERT if needed at the scene: contact director

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? Jennifer Brown

Is any other assigned emergency equipment available on field trip? nursing station

If yes, list location of equipment: full first aid supplies

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

School-Meal Request Form – Field Trips

Date: 9/6/25

School Location: (Please check one)

- Botts Elementary School ____
- Menifee Elementary School X
- Menifee High School ____

Number of student meal requested: 66

Date needed: 10/23/25

Time needed: 8:00

Contact or Pick-up Person: Jennifer Brown

Contact Telephone Number: ____

Special Needs:

This is for an overnight camp so food is needed for ~~two~~ one breakfasts and two lunches. Send water if available and any extra snacks if possible.

Requesting Person Name: Jennifer Brown

Requesting Person Signature: Jennifer Brown

Please submit list of students who participated on the field trip to the Cafeteria Manager at time of pick-up.

Review/Revised:11/19/2015