

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL North Todd Elem FACULTY MEMBER(S) SPONSORING TRIP 3rd grade

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Lost River Cave ADDRESS 2818 Nashville Rd, Bowling Green, KY 42101

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/21/25 DEPARTURE TIME 8:30 Am RETURN TIME 2:30 PM

SOURCE OF FUNDING FOR TRIP SBDM

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

NUMBER OF: STUDENTS 58 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 63

EAP: Person contacted at venue to discuss EAP: Caroline Galdi Person making contact: Laura McGhee

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Gift shop & cave mouth

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Any staff member

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Laura McGhee
Amahda Stranger
Lacy Ellis

Sierra Smith
Emily Buis

(radio or
Gift shop
desk)

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Laura McGhee
Signature of Faculty Sponsor

9/16/25
Date

Approval of Site Based Council Representative

Lindsey Mowbray

Date 10/2/25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____