

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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 James Kash

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) _____

DESTINATION Galt House ADDRESS Louisville, Ky PHONE _____

- ☐ Out of State ☒ Out of County ☒ Within County
☐ Overnight; give name, address, phone of lodging Galt House

DATE(S) OF TRIP 12/3-12/4 DEPARTURE TIME 3:00 pm RETURN TIME 7:00 pm

PURPOSE/EDUCATIONAL VALUE Kentucky Farm Bureau Annual Meeting
Outstanding Youth Contest

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 02 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 03

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

James Kash
Signature of Faculty Sponsor

10-8-25
Date

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

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 The Galt House

Venue Address: Louisville, Ky

Person or email contacted at venue to discuss EAP George Hieneman

Position/title of person contacted District 10 Programs Manager

Date(s) of contact 10-7-25

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

If yes, where is it located. Registration Area

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

Process to request AED and/or ERT if needed at the scene: Call 9-1-1

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? James Kash

Is any other assigned emergency equipment available on field trip? N/A

If yes, list location of equipment: N/A

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