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 Adam Adkins

TYPE OF TRIP (CHECK ONE):

FBLA JAG HOSA

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) ___
DESTINATION Charlotte, NC ADDRESS _____ PHONE _____
☒ Out of State ☐ Out of County ☐ Within County
☒ Overnight; give name, address, phone of lodging Drury Hotel 8925 Red Oak Blvd. Charlotte, NC 28217
DATE(S) OF TRIP Dec. 11-13 DEPARTURE TIME _____ RETURN TIME _____
PURPOSE/EDUCATIONAL VALUE Operation Christmas Child Shoebox trip - Warehouse to pack shoeboxes
SOURCE OF FUNDING FOR TRIP Donations & Fundraising

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY FBLA, JAG, HOSA

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 7 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 37

* The OCC Warehouse requires a 4-1 ratio of adult - child (17 or under)

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?
☐ NO ☒ YES, # OF STUDENTS 30 - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

MODE OF TRANSPORTATION FBLA, JAG, & HOSA will cover the cost of sub. bus driver.
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

Adam Adkins
Signature of Faculty Sponsor

10-14-25
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.

School-Meal Request Form – Field Trips

Date: 10-14-25

School Location: (Please check one)

Botts Elementary School	
Menifee Elementary School	
Menifee High School	X

Number of student meal requested: 30

Date needed: Dec 11th, 2025

Time needed: 8:00 AM

Contact or Pick-up Person: Adam Adkins, Paul Alfrey

Contact Telephone Number:

Special Needs:
We will be taking these with us for students to eat / snack on the way to NC.

Requesting Person Name: Adam Adkins

Requesting Person Signature: Adam Adkins

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

RELATED PROCEDURES:
09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:8/16/2023

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

Destination/Venue Samaritan's Purse Operation Christmas Child Processing Center

Venue Address: 7100 Forest Point Blvd. Charlotte, NC 28217

Person or email contacted at venue to discuss EAP General email to Samaritan's purse contact from website

Position/title of person contacted email does not give a specific name

Date(s) of contact 10-16-25

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

If yes, where is it located. _____

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

Process to request AED and/or ERT if needed at the scene: First aid station located on site.

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? Paul Alfrey

Is any other assigned emergency equipment available on field trip? _____

If yes, list location of equipment: _____

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

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

Destination/Venue Drury Inn & Suites Charlotte Arrowood

Venue Address: 8925 Red Oak Blvd. Charlotte, NC 28217

Person or email contacted at venue to discuss EAP Doug Uzelac

Position/title of person contacted General Manager

Date(s) of contact 10/15/25

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

If yes, where is it located. _____

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

Process to request AED and/or ERT if needed at the scene: Contact the front desk immediately, they will contact Emergency management.

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? Paul Alfrey

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

If yes, list location of equipment: _____

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

Chaperones

Adam Adkins - JAG
Paul Alfrey - AD/P.E. > combine 1 sub.

Steve Burchett - sub (paid by CAVEC)

Rachael Burchett - Volunteer

Tiffany Jones - PARA - No sub required

Tonya Alfrey - No sub. required