

**School-Related Student Trip Request Form****OVERNIGHT ☐****EXTENDED DAY ☐****DAY TRIP ONLY ☐***(Same day but extends beyond the school day)*

School \_\_\_\_\_

Employee(s) in Charge: \_\_\_\_\_ Group: \_\_\_\_\_

Destination: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Approximate Mileage (one way): \_\_\_\_\_

Approximate Number of Students: \_\_\_\_\_

Number of Chaperones/Adults: \_\_\_\_\_

TOTAL TRANSPORTED: \_\_\_\_\_

*\*{44 Person Maximum for HS/HS}{60 Person Maximum for ELEM}**\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): \_\_\_\_\_

*\*Common Carriers must be Board approved and should have the accompanying 09.36 AP.2 with this form\***\*All tolls are the responsibility of the school or group requesting the trip*

Trip Required or Optional: \_\_\_\_\_

If optional, indicate student charges:

Transportation (mileage, driver) \$ \_\_\_\_\_

Admissions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Charges** \$ \_\_\_\_\_

Number of Instructional Days Lost: \_\_\_\_\_

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated? \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL/DISAPPROVAL**

Approved/Disapproved: \_\_\_\_\_, Principal Date: \_\_\_\_\_

Approved/Disapproved: \_\_\_\_\_, Level Director Date: \_\_\_\_\_

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

*\*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.**\*ALL Overnight Field Trips and trips using Common Carriers must be approved by the Board and Superintendent.**Upon approval, the school will receive an approved form from the Superintendent. \****RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised:5/20/2024

**School-Related Student Trip Request Form**

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

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 venue have an emergency response team (ERT)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Process to request AED and/or ERT if needed at the scene \_\_\_\_\_

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 \_\_\_\_\_

Is any other assigned emergency equipment available on field trip?

If so, 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
  - o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
  - o Call 9-1-1 using cell phone or other means of communication
  - o Begin Hands-Only CPR (push hard and fast in center of chest about 100times/minute)
  - o Retrieve and use the nearest Automated External Defibrillator (AED)
  - o Continuing supporting the victim until the local EMS arrives and takes over care
  - o Direct EMS to the scene

**RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised: \_\_\_\_\_