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 J. 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 El Reno, Oklahoma ADDRESS _____ PHONE _____
☑ Out of State ☐ Out of County ☐ Within County
☑ Overnight; give name, address, phone of lodging Tentative: Hampton Inn - El Reno.

DATE(S) OF TRIP 5/3 - 5/8/2026 DEPARTURE TIME 1:00 pm RETURN TIME 5:00 pm
PURPOSE/EDUCATIONAL VALUE National Land Judging Contest

SOURCE OF FUNDING FOR TRIP 7HSFF, 106M

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, 106M

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 8

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. school vehicle
☐ 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*
11-10-2025 — *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: _____

School Location: (Please check one)
- Botts Elementary School _____
- Menifee Elementary School _____
- Menifee High School _____

Number of student meal requested: _____

Date needed: _____

Time needed: _____

Contact or Pick-up Person: _____

Contact Telephone Number: _____

Special Needs:

_____

_____

_____

_____

Requesting Person Name: _____

Requesting Person Signature: _____

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 El Reno, OK Canadian Co. Expo and Event Center Fairgrounds and Facility

Venue Address: 3001 Jensen Rd. E, El Reno, OK 73036

Person or email contacted at venue to discuss EAP Amanda Fitzgerald

Position/title of person contacted OACD Youth Contest Coordinator

Date(s) of contact November 2025

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

If yes, where is it located. Main Office

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? Not applicable.

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