

STUDENTS

09.36 AP.21

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

SCHOOL : NORTH TODD ELEMENTARY PRESCHOOL FACULTY MEMBER(S) SPONSORING TRIP **PTO**

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: TODD CO CENTRAL HIGH SCHOOL **ADDRESS:** SOUTH MAIN STREET ELKTON, KY 42220

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

DATE(S) OF TRIP: DEC. 8TH & 11TH **DEPARTURE TIME:** 8:20AM **RETURN TIME:** 11:00AM

SOURCE OF FUNDING FOR TRIP NORTH TODD PTO

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

NUMBER OF: STUDENTS: 40 **FACULTY SPONSORS:** 2 **TOTAL # OF PARTICIPANTS:** 49

EAP: Person contacted at venue to discuss EAP: Walt Higdon and Dr. Carrington Person making contact: Colleen Carter

Is there an Automated External Defibrillator (AED) on site: X ☐ Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: X ☐ Yes X No If yes, how are they contacted: _____

School Employee(s) Attending Trip 9 (Please note beside name if employee is CPR trained): 9 ARE TRAINED
Colleen Carter (CPR), Elizabeth Blake (CPR), Ashley Utley (CPR), Abby Blake (CPR), Jo Keenan (CPR)
Destiny Shelton (CPR), Alena Berry (CPR), Sherry Case (CPR), Bethany Johnson (CPR)

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

Jenna Buley 12/3/25
Signature of Faculty Sponsor Date
Approval of Site Based Council Representative Michael Duff Date 12/3/25

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 _____