

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: _____

Number of Buses: _____**{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:11/17/25

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:11/17/25