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 Lane / 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 Perfect North Slopes ADDRESS 19074 Perfect Ln Lawrenceburg, IN 47025 PHONE 812-537-3764

☑ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP Sat. Jan. 17, 2026 DEPARTURE TIME Noon RETURN TIME 8PM

PURPOSE/EDUCATIONAL VALUE reward trip for students who have exhibited excellence in agriculture

SOURCE OF FUNDING FOR TRIP THSFF

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 2 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 33

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.

☐ 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

Julie Lane — *Signature of Faculty Sponsor* — 12-10-25 *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.

Saturday Trip

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 Perfect North Slopes

Venue Address: 19074 Perfect Place Lawrenceburg IN 47025

Person or email contacted at venue to discuss EAP info@perfectnorth.com

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? Julie Lane

Is any other assigned emergency equipment available on field trip? first aid kit

If yes, list location of equipment: bus

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