

STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE 1/6/26 ☒ Elementary ☐ High School ☐ Guardian Angel
Faculty/Staff/Coach/Sponsor(s) Second Grade Teachers
Date(s) of Trip 7/10/26 **Departure Time** 7:30 am **Return Time** 4:00 pm

**If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip. Also, staff are required to know where AED's are located if applicable. SEE BELOW.*

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip, Specify Class 2nd grade ☐ Class Trip (i.e. Junior, Senior), Specify _____
☐ Organization/Club Trip, Specify _____ ☐ Other (athletic, band), Specify _____

****DESTINATION** Conner Prairie miles (one way) to destination: 126 City/State _____

☐ Overnight: Give name of lodging and address _____

TRANSPORTATION (to be completed by Requestor)

☐ **FORM** has been completed and approved by Brian Wever and is on the Transportation Spreadsheet.

****Does the trip exceed 100 miles?** ☒ Yes ☐ No **If Yes, trip requires Board of Ed approval. See Below.**

☐ Use of Common Carrier in Lieu of School Bus Procedure 09.36

☒ Private Vehicle, if allowed by policy. Specify Driver(s) Executive Transportation

Purpose/Educational Value engage in 1836 prairie town **Number of days absent from school** 1

Number of: Students Going on Trip 95 **Faculty/Staff** 4 **Other Chaperones** approx. 40 parent volunteers

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? ☒ **YES** ☐ **NO** **IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.**

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved

☒ Yes ☐ No Principal Blay Signature Date 1/6/26

Trip Approved

☐ Yes ☐ No Superintendent/Designee _____ Signature Date _____

☐ Yes ☐ No Board of Education if applicable _____ Signature Date _____

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Review/Revised: November 2018 Page 1 of 1

MUST COMPLETE PAGE 2 AS WELL and turn in with request form.

Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus (Teacher/Sponsor must complete with above form).

Sponsor Name (Your name) Maria Ahlers

Destination/Venue Conner Prairie

Venue Address 13400 Allisonville Rd. Fishers, IN 46038

Person or email contacted at venue to discuss EAP Amber Lance, Joellyn Young

Position/Title of person contacted Guest Relations Education Coordinator

Date (s) of contact 8/18/25

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

If yes, where is it located 8 AEDs available across Conner Prairie

Does the venue have an emergency response team (ERT)? ☒ yes ☐ no

Process to request (how will you request) AED and/or ERT if needed at the scene EMT on duty

from 9am - 5:30 pm * Any staff member on the grounds can call the EMT

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 as follows:

- Know 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

to any location.

THE THREE MINUTE RESPONSE PLAN FOR AED LOCATION

AT CONNER PRAIRIE

CURRENT LOCATIONS OF THE AED'S: (8)

- CHINESE HOUSE—IN THE STORAGE ROOM IMMEDIATELY SOUTH OF CHINESE HOUSE RESTROOMS
- WELCOME CENTER---UPSTAIRS ATRIUM BETWEEN THE EXECUTIVE DOORS. DOWNSTAIRS BY THE PUBLIC ELEVATOR
- EMT CART
- RIVER CROSSING—BY THE WEST WALL NEAR THE GIFT SHOP
- NECESSARY—INSIDE THE BREAKROOM ON NORTH WALL NEXT TO BENCH
- PRAIRIE HOUSE—BY THE KITCHEN WEST WALL
- PRESIDENT'S HOUSE—BY THE KITCHEN WEST WALL