

STUDENTS

09.36 AP.21

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

SCHOOL: North Todd Elementary School

FACULTY MEMBER(S) SPONSORING TRIP: PRE-SCHOOL – E. BLAKE; C. HAMPTON; A. UTLEY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip/Organization responsible for Payment: NTES/Pre-School

DESTINATION: WE ROCK THE SPECTRUM – INDOOR PLAYGROUND

ADDRESS: 549 NEPTUNE DR. – CLARKSVILLE, TN 37043

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

DATE(S) OF TRIP: APRIL 28TH (TRIP REPEATED MAY 7TH)

DEPARTURE TIME: 8:00AM **RETURN TIME:** 10:30AM

SOURCE OF FUNDING FOR TRIP: PRE-SCHOOL & NTES

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

NUMBER OF:

STUDENTS: 43 (APRIL 28TH); 37 (MAY 7TH) **FACULTY SPONSORS:** 9

TOTAL # OF PARTICIPANTS: 52 (APRIL 28TH); 46 (MAY 7TH)

EAP: Person contacted at venue to discuss EAP: Tina Brown, Owner Person making contact: Kim Justice

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

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

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Michelle Artis – CPR Certified

Bethany Johnson – CPR Certified

Alena Barry – CPR Certified

Kim Justice

Abigail Blake – CPR Certified

Jo Keenan – CPR Certified

Elizabeth Blake – CPR Certified

Destiny Shelton – CPR Certified

Sherry Case – CPR Certified

Ashley Utley – CPR Certified

Colleen Hampton – CPR Certified

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


Signature of Faculty Sponsor

3-17-2026
Date

Approval of Site Based Council Representative  Date 3-18-26

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 _____

North Todd Elementary School

NON-ATHLETIC EVENT-SPECIFIC EMERGENCY ACTION PLAN (EAP)

Event Teacher/Sponsor: **Pre-School**

Cell Phone Number: **270-881-6910 (E. Blake)**

Destination/Venue Address: **We Rock the Spectrum – 549 Neptune Dr. – Clarksville, TN 37043**

School Employee(s) Attending Trip and Cell Number(s) (Please note beside name if employee is CPR Certified):

Michelle Artis – 270-604-2293

Bethany Johnson

Alena Barry

Kim Justice - 931-538-0532

Abigail Blake

Jo Keenan

Elizabeth Blake – 270-881-6910

Destiny Shelton

Sherry Case

Ashley Utley – 405-248-8568

Colleen Hampton – 270-791-6429

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

List Students with Medical Needs (**Diagnosis/Condition**): List Medication Trained Employee Assigned to Each Student's Care:
ALL preschool staff are trained in Medication Administration, however, there are NO medical needs.

(Please use separate sheet and attach to this form if more space is needed for student(s) with medical needs)

Trip Location Contact Person: **Tina Brown**

Phone Number: **931-266-0077**

EAP Contact Person to Discuss Venue EAP (if different than above): _____ Phone Number: _____

Position/Title of Person Contacted: **Owner**

Who made the contact: **Kim Justice**

Date(s) of Contact: **March 3, 2026**

Does venue location have an EAP? Yes No

Will a portable automatic external defibrillator (AED) be taken from school? Yes No

If yes, name and cell phone number of person on trip responsible for oversight and location of AED: _____

Is any other school emergency equipment available? Yes No

If yes, list emergency equipment items and location: _____

If yes, name and cell phone number of person on trip responsible for oversight of other emergency equipment: _____

Does the venue location have an emergency response team (ERT): Yes No

We Rock the Spectrum has an advanced first aid kit and all staff are CPR and First Aid certified.

If yes, list names and contact information in order of available contacts: _____

If yes, will members of the emergency response team be available in the event of a medical emergency during the school event: Yes No

Does the venue location have an AED on site? Yes No

If yes, list location(s): _____

Describe process to request AED and/or BRT, if needed: _____

Is access to emergency transport available at the destination/venue? Yes. No

If yes, name of emergency transport organization and phone number: **Vanderbilt Emergency**

NON-ATHLETIC EVENT-SPECIFIC CARDIAC EMERGENCY RESPONSE PLAN

- Location of AEDs, if any: _____
- How to gain access to nearest AED: _____
- 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 911 using cell phone or other means of communication
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
 - Someone certified in CPR (a school employee or venue employee) should retrieve and use the nearest AED, if available
 - Continue supporting the victim until the local EMS arrives and takes over care
 - Direct EMS to the scene

School personnel attending the event in an official capacity are responsible for implementation of the EAP, including the Cardiac Emergency Response Plan.

Required Signatures:

Teacher/Sponsor: *Kira Justice* Date: 3-17-2024

Principal Approval: _____ Date: _____

**** Upon completion and Principal approval, the Event Teacher/Sponsor must distribute this form to all personnel attending the event in an official capacity. ****

Approved by SBDM Council: _____

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP ELIZABETH ADDISON

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: North Todd

DESTINATION: BOOKS A MILLION ADDRESS: 125 SOUTH HAMPTON PI CLARKSVILLE, TN 37041

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

DATE(S) OF TRIP: 4/27/26 DEPARTURE TIME: 9:00 AM RETURN TIME: 1:00 PM

SOURCE OF FUNDING FOR TRIP SBDM

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

NUMBER OF: STUDENTS: 20 FACULTY SPONSORS: _____ TOTAL # OF PARTICIPANTS: 21

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

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

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

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Elizabeth Addison _____

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

Elizabeth Addison _____ 3/16/26
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative Donna Jo Will Date 3/16/26

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 _____

Sadler to drive his bus.

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP 2

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: North Todd

DESTINATION: TODD COUNTY COURT HOUSE ADDRESS: _____

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

DATE(S) OF TRIP: 3/18/26 DEPARTURE TIME: 10:30 AM RETURN TIME: 12:30 PM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS: 16 FACULTY SPONSORS: 2 TOTAL # OF PARTICIPANTS: 18

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

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

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

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Lisa Sharp Chuck Sadler

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

Lisa Sharp
Signature of Faculty Sponsor _____ Date _____

Approval of Site Based Council Representative Donna J. Williams Date _____

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 _____