

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD ELEMENTARY SCHOOL FACULTY MEMBER(S) SPONSORING TRIP LINDSEY SISCO

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION HEARTHSTONE NURSING HOME ADDRESS 506 ALLENSVILLE ST ELKTON, KY 42220

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP APRIL 30TH 2026 DEPARTURE TIME 9:00 RETURN TIME 11:00

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Kay Henderson Person making contact: Lindsey Sisco/Kay Henderson

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

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

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

Lindsey Sisco _____ Lindsey Quarles _____

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

Lindsey Sisco _____ *3/23/26*
Signature of Faculty Sponsor *Date*
Approval of Site Based Council Representative *Carrie Telen* Date *3/23/26*

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL: South Todd Elementary School

FACULTY MEMBER(S) SPONSORING TRIP: PRE-SCHOOL – V. ETHERIDGE; A. LAWRENCE; T. LEDBETTER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip/Organization responsible for Payment: STES/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: MAY 4TH (TRIP REPEATED MAY 6TH)

DEPARTURE TIME: 8:00AM

RETURN TIME: 10:30AM

SOURCE OF FUNDING FOR TRIP: PRE-SCHOOL & STES

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

NUMBER OF:

STUDENTS: 57 (MAY 4TH); 57 (MAY 6TH) FACULTY SPONSORS: 9

TOTAL # OF PARTICIPANTS: 66 (MAY 4TH); 66 (MAY 6TH)

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

Kim Justice

Ashley Adler – CPR Certified

Addye Lawrence – CPR Certified

Victoria Etheridge – CPR Certified

Tierra Ledbetter – CPR Certified

Kasey Gilbert – CPR Certified

Kristen Welborne – CPR Certified

Danielle Hurt – CPR Certified

(+ 1 substitute)

Jody Jones – CPR Certified

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

[Signature]
Signature of Faculty Sponsor

3-17-2026
Date

Approval of Site Based Council Representative [Signature] Date 3-23-26

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 _____

South Todd Elementary School

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

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

Cell Phone Number: **270-847-8895 (V. Etheridge)**

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

Kim Justice – 931-538-0532

Ashley Adler

Addye Lawrence – 270-604-7044

Victoria Etheridge – 270-847-8895

Tierra Ledbetter – 270-604-2926

Kasey Gilbert

Kristen Welborne

Danielle Hurt

(+ 1 substitute)

Jody Jones

(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. The only student who takes medication during the time of the Field Trip is DEACON FIESE.

(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 ERT, 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: _____

Date: 3-17-2026

Principal Approval: _____

Date: 3-23-26

**** 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: SOUTH TODD ELEMENTARY FACULTY MEMBER(S) SPONSORING TRIP: LORIE DeBERRY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip/Organization responsible for Payment: Sitebase

DESTINATION: KENTUCKY DOWN UNDER ADDRESS :3700 L&N TURNPIKE RD HORSE CAVE, KY 42749

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP: MAY 13, 2026 DEPARTURE TIME: 8:00 RETURN TIME: 2:30

SOURCE OF FUNDING FOR TRIP: PARENT

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

NUMBER OF: STUDENTS: 78

FACULTY SPONSORS: 8

TOTAL # OF PARTICIPANTS: 86

EAP: Person contacted at venue to discuss EAP: Ann Fletcher Person making contact:Lorie DeBerry

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911 Local Service

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

Lorie DeBerry Carrie Tobar-CPR trained
Miranda Mansfield Ashly Wofford
Beth Ayers Nicole Osborne
Heather Frazier

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

Lorie DeBerry
Signature of Faculty Sponsor

3/23/26
Date

Approval of Site Based Council Representative addy Lawrence Date 3/23/26

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____