

STUDENTS

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

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 FFA Camp-Middle School ADDRESS 111 FFA Camp Rd PHONE 270-756-2301  
Hardinsburg, KY 40143

- ☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging KY FFA Leadership Training Center  
111 FFA Camp Rd Hardinsburg KY 40143

DATE(S) OF TRIP July 27-29 DEPARTURE TIME 7am 7/27 RETURN TIME 5pm 7/29

PURPOSE/EDUCATIONAL VALUE to provide leadership training +  
opportunities for personal growth + team building

SOURCE OF FUNDING FOR TRIP THSFF - FFA

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
SPECIFY THSFF

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 16

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

4/1/26  
Date

Trip has been ☐ approved ☒ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

4/2/26  
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21  
(CONTINUED)

**School-Meal Request Form – Field Trips**

Date: \_\_\_\_\_

School Location:        Botts Elementary School        \_\_\_\_\_  
(Please check one)       Meniffee Elementary School        \_\_\_\_\_  
                                 Meniffee 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

STUDENTS

09.36 AP.211

School-Related Student Trip Permission Slip and Medical Release Form

|                                                                                                                                                                                                  |  |                                  |  |                                                                                                                                                                                 |  |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|
| Student's Name                                                                                                                                                                                   |  | Last Name                        |  | First Name                                                                                                                                                                      |  | Middle Initial |  |
| School                                                                                                                                                                                           |  | Grade                            |  | Homeroom/Classroom                                                                                                                                                              |  |                |  |
| MCHS                                                                                                                                                                                             |  | 8                                |  | Lane                                                                                                                                                                            |  |                |  |
| <input type="checkbox"/> All school-related trips for the _____ school year; OR<br><input checked="" type="checkbox"/> Field Trip Date(s) <u>July 27-29</u> Destination <u>KY FFA Leadership</u> |  |                                  |  |                                                                                                                                                                                 |  |                |  |
| Departure Time <u>7AM 7/27</u>                                                                                                                                                                   |  |                                  |  | Return Time <u>5PM 7/29</u>                                                                                                                                                     |  |                |  |
| Alternate Destination, if applicable _____                                                                                                                                                       |  |                                  |  |                                                                                                                                                                                 |  |                |  |
| Mode of Transportation <u>bus</u>                                                                                                                                                                |  |                                  |  | Cost to Student, if applicable \$ _____                                                                                                                                         |  |                |  |
| Student Dress Code                                                                                                                                                                               |  |                                  |  |                                                                                                                                                                                 |  |                |  |
| <input type="checkbox"/> Official Dress                                                                                                                                                          |  | <input type="checkbox"/> Uniform |  | <input checked="" type="checkbox"/> School Approved<br><u>camp fee is covered</u><br><u>money for meals on the</u><br><u>way to &amp; from camp</u><br><u>&amp; for canteen</u> |  |                |  |
| Chaperones:                                                                                                                                                                                      |  |                                  |  |                                                                                                                                                                                 |  |                |  |
| <u>Julie Lane</u>                                                                                                                                                                                |  |                                  |  | <u>606-359-3924</u>                                                                                                                                                             |  |                |  |

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Phone Number

Date

Please return this form to your child's teacher.



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09.36 AP.211  
(CONTINUED)

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

I acknowledge that FFA Camp has inherent risks, hazards, and dangers for anyone that cannot be eliminated completely due to the nature of the activity. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS MAY INCLUDE WITHOUT LIMITATION:

- a. Water hazards in boating, swimming or wading in the pools, lakes and rivers may result in bodily injury or illness including drowning.
- b. Injuries or illness may be caused by other participants, hiking in rugged terrain, encounters with wildlife, temperature extremes, inclement weather conditions and unavailability of immediate medical attention in the wilderness in case of injury.

I understand the risks, hazards, and dangers of FFA Camp and that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate in spite of the risks. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT. IT IS MY INTENTION TO EXEMPT AND RELIEVE Menifee County High (school name) FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Name of Participant \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

(Information below required if participant is less than 18 years of age)

Print Name of Parent, Guardian or Custodian \_\_\_\_\_

Signature of Parent, Guardian or Custodian \_\_\_\_\_

Review/Revised: 8/16/2023

**Event Specific Emergency Action Plan (EAP) for School Sanctioned  
Nonathletic Event Held Off-Campus**

Destination/Venue KY FFA Leadership Training Center  
Venue Address: 111 FFA Camp Rd Hardinsburg, KY 40143  
Person or email contacted at venue to discuss EAP Josh Mitcham  
Position/title of person contacted Director  
Date(s) of contact March 3, 2026

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

If yes, where is it located. in main hallway of center; in cafeteria

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

Process to request AED and/or ERT if needed at the scene: call 911

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? No-

If yes, 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:
  - 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.

Bus # \_\_\_\_\_

|       |  |  |        |        |  |  |
|-------|--|--|--------|--------|--|--|
|       |  |  | Row 12 |        |  |  |
|       |  |  | Row 11 |        |  |  |
|       |  |  | Row 10 |        |  |  |
|       |  |  | Row 9  |        |  |  |
|       |  |  | Row 8  |        |  |  |
|       |  |  | Row 7  |        |  |  |
|       |  |  | Row 6  |        |  |  |
|       |  |  | Row 5  |        |  |  |
|       |  |  | Row 4  |        |  |  |
|       |  |  | Row 3  |        |  |  |
|       |  |  | Row 2  |        |  |  |
|       |  |  | Row 1  |        |  |  |
| Steps |  |  |        | Driver |  |  |

## Away Event Sign Out

[illegible]