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 J. Kash / J. 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 Ky. FFA LTC ADDRESS Hardinsburg, Ky PHONE _____
☐ Out of State ☑ Out of County ☐ Within County
☑ Overnight; give name, address, phone of lodging Kentucky FFA Leadership Training Center

DATE(S) OF TRIP July 6 - 10 DEPARTURE TIME 7:00 am RETURN TIME 4:00 pm
PURPOSE/EDUCATIONAL VALUE Leadership development camp for FFA executive team members.
SOURCE OF FUNDING FOR TRIP 106M for Travel Costs

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY 106M

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 18

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☑ NO ☐ YES, # OF STUDENTS 15 - 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

James Kash — *Signature of Faculty Sponsor*
4/13/2026 — *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.

Not applicable.

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

School-Related Student Trip Permission Slip and Medical Release Form

Student's Name _____
Last Name *First Name* *Middle Initial*

School MCHS Grade _____ Homeroom/Classroom _____

☐ All school-related trips for the _____ school year; OR

☑ Field Trip Date(s) July 6 - 10 Destination Kentucky FFA LTC

Departure Time 7:00 am Return Time 4:00 pm

Alternate Destination, if applicable _____

Mode of Transportation School Bus Cost to Student, if applicable $ _____

Student Dress Code

☐ Official Dress ☐ Uniform ☑ School Approved

Chaperones:

James Kash James Lane Jr.

Julie Lane _____

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.

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I acknowledge that _____ 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 _____(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 _____

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

Destination/Venue Kentucky FFA Leadership Training Center

Venue Address: 111 FFA Camp Rd. Hardinsburg, Ky

Person or email contacted at venue to discuss EAP Josh Mitcham

Position/title of person contacted Camp Director

Date(s) of contact April 2026

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

If yes, where is it located. New Admin. Building and Dining Hall

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

Process to request AED and/or ERT if needed at the scene: Call 9-1-1

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? James Kash

Is any other assigned emergency equipment available on field trip? Not applicable

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.