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

School

ALLEN COUNTY-SCOTTSVILLE HIGH SCHOOL

Faculty Member(s) Sponsoring Trip

Cameron Cook

Type of Trip (Check One)

- ○ Classroom Field Trip
- ○ Class Trip (specify)
- ◉ Organization/Club Trip (specify)
- ○ Other (specify)

Type of Trip

Volleyball Tournament

Destination

Owensboro Convention Center

Phone

(270) 687-8800

Address

501 W 2nd Street, Owensboro, KY 42301

Destination Type

- ○ Out of State
- ○ Out of County
- ○ Within County
- ◉ Overnight

Give name, address, phone of lodging

Fairfield Inn
800 Salem Dr
Owensboro, KY 42303

Departure Date & Time

08/28/2026 3:00 PM

Return Date & Time

08/29/2026 5:00 PM

Purpose/Educational Value

Volleyball Tournament

Source of Funding for Trip

Volleyball Section VI

Source of Funding for Trip (Verified by Principal's Designee)

D-020-1-925-0131-07 M-020-1-925-0898-07

Funding Verification (Signature):

Brittany Walker

Date Signed

03/20/2026 02:08 pm

Estimate Cost of Trip

(actual cost billed after the completion of the trip)

Is there a registration cost?

○ Yes ◉ No

# of Rooms	Cost per Room	Est. Room Cost
0	0	$0.00

Type of Vehicle Needed

○ Bus ◉ Fleet Vehicle (i.e., SUV)

# of Fleet Vehicles	Round Trip Mileage	Current Mileage Rate
2	200	0.42

Click here for current mileage rate. (https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/Pages/state-employee-travel.aspx)

Est. Fleet Vehicle Cost

168

Meal Cost Estimate

$0

Are there any other costs associated with the trip?

○ Yes ◉ No

Total Estimated Cost

$168.00

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

Bill Trip Expenses To

◉ Sponsoring Organization ○ School Council ○ Board ○ Other

Number of Students

12

Faculty Sponsors

4

Other Chaperones

0

Total # of Participants

16

Mode of Transportation

Is District Transportation Needed?

○ NO ◉ YES, SEE PROCEDURE 09.36 AP.212.

Transportation Type Specifications

SUVs

Supervision (Please List of Names of Adults Accompanying Students on Trip)

Name of Adult	Phone Number
Cameron Cook	270-622-9391

You can add employees by clicking the + icon to the right

Have all chaperones undergone required records check and been designated by the principal/designee to supervise students?

◉ Yes ○ No

EMERGENCY ACTION PLAN

Person contacted at venue to discuss EAP

Athletic Director

Person making contact

Cameron Cook

Is there an Automated External Defibrillator (AED) on site?

(●) Yes ( ) No

If Yes, where?

Lobby Wall

Does the venue have an Emergency Response Team?

(●) Yes ( ) No

If Yes, how are they contacted?

Athletic Trainer

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

Employee	CPR Trained
Cameron Cook	☑
Heather Fowler	☑
Chloe Cook	☑

You can add employees by clicking the + icon to the right

Faculty Sponsor Name

Cameron Cook

For the purpose of processing this form

Faculty Sponsor Email

cameron.cook@allen.kyschools.us

Signature of Faculty Sponsor

Cameron Cook

Date Signed

03/16/2026 10:06 am

Trip has been

(●) Approved ( ) Disapproved

Signature of Principal/Designee

Shane Humphrey

Date Signed

03/20/2026 02:27 pm

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

Trip has been

(●) Approved ( ) Disapproved

Date of Board Approval

03/19/2026

Signature of Superintendent/Designee

Travis Hamby

Date Signed

03/20/2026 02:48 pm

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212