This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination: Rocky Top Sports Complex / Gaitlinburg, TN

Date(s) of Trip: 8/21-23 Time of Departure: 11:30am 8/21 (we play that evening in TN) *Time of Return: 2:30pm 8/23

Approximate Mileage (one way): 72

Approximate Number of Students: 22 - Varsity Approximate Number of Adults: 2

Number of Buses Required: 1 Method of Transportation (if not school bus):

Will you stop for lunch? YES **NO** If "YES", where?

TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN

Number of Instructional Days lost: 0.5 Justification: What is to be learned? Team Building Event and Educational opportunities to create positiv

How will the experience be used and evaluated?

Names of chaperones (if applicable): Tiffany Hurley and Heather Paulson along with the EHS soccer coaching staff

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

YES **NO**

TRIP INFORMATION

Financial Costs		**Method of Payment**	
Mileage (estimate)	$	Student Payment	$
Driver (estimate)	$	School Activity Acct	$
Hotel	$	Athletic Boosters	$
Meals	$	Band Boosters	$
Admission	$		
TOTAL	$		

Requested by: Rob Zoeller Date: 5/10/26

Approved/Disapproved: _____, Principal Date:

Approved/Disapproved: _____, Superintendent Date:

_____ Principal approval for all field trips.

_____ Superintendent approval is required for all field trips over 65 miles one (1) way.

_____ Superintendent approval is required for all overnight field trips.

*On school days, the return time should not exceed 2:00 p.m.

Requesting School: Rocky Top Sports Complex / Gaitlinburg, T
Organization/Team/Class: Girls Soccer
Date(s) of Trip: 8/21-23
Destination: Rocky Top Sports Complex / Gaitlinburg, TN
Number of Buses Required: 1
Teacher(s)/Sponsor(s) in Charge: Rob Zoeller
Teacher(s)/Sponsor(s) in Charge Cell Phone#: 270-401-2816
Time of Departure: 11:30am 8/21
Time of Return (by 2:00 pm on school day): 2:30pm 8/23
Fund Responsible for Payment _____ **Girls Soccer**
Will you stop for lunch? YES NO If "YES", where? _____
Do you need storage? YES NO

TRANSPORTATION - DRIVER'S REPORT

Driver Assigned Rob Zoeller **Bus Number** _____

Odometer Reading	
End of Trip	
Start of Trip	
Total Miles	

Time of Trip	
Time Started	
Time Ended	
Total Time	

Please Check:

_____ In City
_____ Out of County
_____ Dropped and Returned
_____ Dropped - Waited - Returned

Number of students transported _____

Number of adults transported _____

Driver's Signature _____ **Date** _____

Director of Transportation Signature _____ **Date** _____

CENTRAL OFFICE ONLY

Amount Paid Driver $ _____ Date _____

RELATED PROCEDURES:

09.36 AP.211

Review/Revised: 7/17/2023

_____ I have an event-specific emergency action plan for the trip site and will distribute to all personnel

Event Specific Emergency Action Plan (EAP) for School Sanctioned

Nonathletic Event Held Off-Campus

Destination/Venue__ Rocky Top Sports Complex

Venue Address_____ 1870 Sports World Blvd Gatlinburg, TN 37738

Person or email contacted at venue to discuss EAP_____ Tournament Director

Position/Title of person contacted _____ Tournament Director

Date (s) of contact__ 5/7/2026

Is there an Automatic External Defibrillator (AED) on site Yes

If yes, where is it located_____ w/trainer and in indoor building

Does venue have an emergency response team (ERT)? YES

Process to request AED and/or ERT if needed at the

scene___ see T. Quiqley

Will a portable AED be taken from school on this trip ___ YES

If yes, who will be responsible for oversight and location of AED_____ Zoeller

Is any other assigned emergency equipment available on field trip?

_____ none

If so, list location of equipment_____

The school personnel or volunteer attending in an official capacity that 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
  - o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
  - o Call 9-1-1 using cell phone or other means of communication
  - o Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
  - o Retrieve and use the nearest Automated External Defibrillator (AED)
  - o Continuing supporting the victim until the local EMS arrives and takes over care
  - o Direct EMS to the scene attending the event in an official capacity

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination Lexington Catholic High School

Date(s) of Trip 9/21, 9/23, 9/26 Time of Departure TBD *Time of Return TBD

Approximate Mileage (one way) 72

Approximate Number of Students 24 - Varsity Approximate Number of Adults 2

Number of Buses Required 1 Method of Transportation (if not school bus) _____

Will you stop for lunch? YES NO If "YES", where? _____

TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN

Number of Instructional Days lost 0 Justification: What is to be learned? _____

How will the experience be used and evaluated? _____

Names of chaperones (if applicable) _____

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

YES **NO**

TRIP INFORMATION

Financial Costs		**Method of Payment**	
Mileage (estimate)	$	Student Payment	$
Driver (estimate)	$	School Activity Acct	$
Hotel	$	Athletic Boosters	$
Meals	$	Band Boosters	$
Admission	$		
TOTAL	$		

Requested by Rob Zoeller Date 5/10/26

Approved/Disapproved _____, Principal Date _____

Approved/Disapproved _____, Superintendent Date _____

_____ Principal approval for all field trips.

_____ Superintendent approval is required for all field trips over 65 miles one (1) way.

_____ Superintendent approval is required for all overnight field trips.

*On school days, the return time should not exceed 2:00 p.m.

Requesting School: Elizabethtown High School
Organization/Team/Class: Girls Soccer
Date(s) of Trip: 9/21, 9/23, 9/26
Destination: Lexington Catholic High School
Number of Buses Required: 1
Teacher(s)/Sponsor(s) in Charge: Rob Zoeller
Teacher(s)/Sponsor(s) in Charge Cell Phone#: 270-401-2816
Time of Departure: TBD
Time of Return (by 2:00 pm on school day): TBD
Fund Responsible for Payment _____ **Girls Soccer**

Will you stop for lunch? YES NO If "YES", where? _____
Do you need storage? YES NO

TRANSPORTATION - DRIVER'S REPORT

Driver Assigned _____ **Bus Number** _____

Odometer Reading	
End of Trip	
Start of Trip	
Total Miles	

Time of Trip	
Time Started	
Time Ended	
Total Time	

Please Check:

_____ In City
_____ Out of County
_____ Dropped and Returned
_____ Dropped - Waited - Returned

Number of students transported _____

Number of adults transported _____

Driver's Signature _____ **Date** _____

Director of Transportation Signature _____ **Date** _____

CENTRAL OFFICE ONLY

Amount Paid Driver $ _____ Date _____

RELATED PROCEDURES:

09.36 AP.211

Review/Revised: 7/17/2023

_____ I have an event-specific emergency action plan for the trip site and will distribute to all personnel

Event Specific Emergency Action Plan (EAP) for School Sanctioned

Nonathletic Event Held Off-Campus

Destination/Venue___ Lexington Catholic High School

Venue Address_____ 2250 Clays Mill Road, Lexington, KY

Person or email contacted at venue to discuss EAP_____ T. Quigley

Position/Title of person contacted _____ Head Girls Soccer Coach

Date (s) of contact___ 5/7/2026

Is there an Automatic External Defibrillator (AED) on site Yes

If yes, where is it located_____ w/trainer and in indoor building

Does venue have an emergency response team (ERT)? YES

Process to request AED and/or ERT if needed at the

scene___ see T. Quiqley

Will a portable AED be taken from school on this trip ___ YES

If yes, who will be responsible for oversight and location of AED_____ Zoeller

Is any other assigned emergency equipment available on field trip?

_____ none

If so, list location of equipment_____

The school personnel or volunteer attending in an official capacity that 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:

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  - o Call 9-1-1 using cell phone or other means of communication
  - o Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
  - o Retrieve and use the nearest Automated External Defibrillator (AED)
  - o Continuing supporting the victim until the local EMS arrives and takes over care
  - o Direct EMS to the scene attending the event in an official capacity