

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

|                  |                                   |                                    |                                               |                    |
|------------------|-----------------------------------|------------------------------------|-----------------------------------------------|--------------------|
| SUBMIT THIS FORM | <input type="checkbox"/> ONE WEEK | <input type="checkbox"/> TWO WEEKS | <input type="checkbox"/> OTHER, SPECIFY _____ | PRIOR TO THE TRIP. |
|------------------|-----------------------------------|------------------------------------|-----------------------------------------------|--------------------|

SCHOOL ACCTC FACULTY MEMBER(S) SPONSORING TRIP Petty / Trammul, Morgan

## TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☒ Organization/Club Trip, specify DECA ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Nissan Stadium ADDRESS 1 Titan Way PHONE 615-545-4300

- ☒ Out of State ☐ Out of County ☐ Within County Nashville, TN 37213  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 11/17/20 DEPARTURE TIME 7:45am RETURN TIME 2:20pmPURPOSE/EDUCATIONAL VALUE Titans Learning Lab - Students learn about careers related to business that keep Titans running.SOURCE OF FUNDING FOR TRIP DECA

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

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

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
 TOTAL # OF PARTICIPANTS 47

## 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.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Matt Mango Person making contact: Kelsey PettyIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: First Aid Station & Guest ServicesDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 911

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

Jason Morgan  
Kelsey Petty or Marideth Trammul

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

Kelsey Petty 8/25/20  
 Signature of Faculty Sponsor Date

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

[Signature] 8/28/20  
 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.

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

Review/Revised: 9/18/2023