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 Horsemanship Contest ☐ Other (athletic, band, if applicable) ___
DESTINATION Murray State University ADDRESS _____ PHONE _____
☐ Out of State ☑ Out of County ☐ Within County
☑ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Nov 11 - Nov 12 DEPARTURE TIME 8:00 AM 11/11 RETURN TIME 8:00PM 11/12
PURPOSE/EDUCATIONAL VALUE To participate in the Kentucky FFA Horsemanship CDE
SOURCE OF FUNDING FOR TRIP 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 FFA

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 5

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?
☑ NO ☐ YES, # OF STUDENTS 5 - 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* — 9/1/16 — *Date*

Trip has been ☑ approved ☐ disapproved. Reason for disapproval _____

[signature] — *Signature of Superintendent/Designee* — 9/4/16 — *Date*

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

meals are not necessary but we can take them if needed

School-Meal Request Form – Field Trips

Date: 9/1/26

School Location: (Please check one)
- Botts Elementary School ____
- Menifee Elementary School ____
- Menifee High School ✓

Number of student meal requested: 4

Date needed: 11/11

Time needed: noon

Contact or Pick-up Person: Julie Lane

Contact Telephone Number: 606-359-3924

Special Needs:
gluten allergy

Requesting Person Name: Julie Lane

Requesting Person Signature: Julie Lane

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 11-12 Homeroom/Classroom Lane

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

☑ Field Trip Date(s) 11/11 - 11/12 Destination Murray State University

Departure Time 2:00 pm 11/11 Return Time 8:00 pm 11/12

Alternate Destination, if applicable _____

Mode of Transportation school van Cost to Student, if applicable $ money for meals

Student Dress Code

☐ Official Dress ☑ Uniform ☑ School Approved

Chaperones: western wear to compete in

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 riding horses 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 riding horses 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 (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 Murray State University Ag. Campus

Venue Address: 2111 College Farm Rd Murray, KY 42071

Person or email contacted at venue to discuss EAP Trent Wells

Position/title of person contacted Department Chair - Agriculture

Date(s) of contact 9/1/24

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

If yes, where is it located. Equine Center + William Cherry Expo Center

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

Process to request AED and/or ERT if needed at the scene: call 205-471-1303

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? first aid kit

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If yes, list location of equipment: in van/bus

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			
	Skylar Robinson		Row 2		Harper Brown	
	Selena Sexton		Row 1		Karah Fugate	
Steps					Driver	

Away Event Sign Out

Location:	Date:	Student:	Guardian:	Signature of Guardian:	Approved by:

to attach to Murray Field Trips

Medical emergency

Do not leave the injured person unattended except to summon help. Call Murray State Police at 911 or 270.809.2222.

Do not move a seriously injured person unless that person's life would be threatened by not doing so.

1. Render first-aid or CPR if trained.
2. When reporting a medical emergency, provide the following information:
    - Type of emergency
    - Location of injured
    - Condition of injured
    - Any dangerous conditions
    - Have someone stand outside the building to flag EMS as they reach the vicinity of the building.
3. Comfort the injured person until EMS arrives.
4. Have someone stand outside the building to flag EMS as they reach the vicinity of the building.
5. If exposed to the injured persons' body fluids, wash the exposed area and contact a supervisor or the Office of Environmental Safety and Health at 270.809.3480 or Facilities Management at 270.809.4291 (after hours 270.809.3805).