

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

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify Vet Science CDEDESTINATION Murray State University☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodgingDATE(S) OF TRIP Nov 19 - Nov 20 DEPARTURE TIME 8:00AM RETURN TIME 8:00PM

PURPOSE/EDUCATIONAL VALUE

complete in state horse judging & state ~~organization~~ vet science 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 FFANUMBER OF: STUDENTS 8 FACULTY SPONSORS 1OTHER CHAPERONES 1TOTAL # OF PARTICIPANTS 10

FOOD SERVICE:

ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☒ NO ☐ YES, # OF STUDENTS 8 - 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

Signature of Faculty Sponsor

9/1/20

Date

Signature of Superintendent/Designee

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

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

STUDENTS

meals are
not necessary
but we can take
them if we need to

09.36 AP.21
(CONTINUED)

School-Meal Request Form - Field Trips

Date:

9/1/24

School Location:

Botts Elementary School

(Please check one)

Meniffee Elementary School

Meniffee High School

Number of student meal requested:

8

Date needed:

11/19

Time needed:

8:00 AM

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

pick-up.

Please submit list of students who participated on the field trip to the Cafeteria Manager at time of

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		10-12	
Homeroom/Classroom		Lane		School year; OR			
☒ Field Trip Date(s)		11/19 - 11/20		Destination		Murray State University	
Departure Time		11/19 - 11/20		Return Time		11/20 8:00 PM	
Alternate Destination, if applicable							
Mode of Transportation							
School bus / parent to Student, if applicable \$ money for meals							
Student Dress Code							
☐ Official Dress ☒ Uniform ☒ School Approved							
Chaperones:							
jeans & boots for horse judging 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.

Please return this form to your child's teacher.

Parent/Guardian's Signature _____ Phone Number _____ Date _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I acknowledge that farm animal activities 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 farm animal activities 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 Merrill 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
 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 RAP.
 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.

Steps

Driver

			Row 1			
			Row 2			
			Row 3			
			Row 4			
			Row 5			
			Row 6			
			Row 7			
			Row 8			
			Row 9			
			Row 10			
			Row 11			
			Row 12			

Bus # _____

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).

to attach to
Murray Field Trips