STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE 9/27/26 ☐ Elementary ☒ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Molly Seifert

Date(s) of Trip Fri. 3/12/27 Departure Time 8:00 am Return Time Sat. 3/13/27 10:00 pm

If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip.* ***Also, staff are required to know where AED's are located if applicable. SEE BELOW.*

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip, Specify Class _____ ☐ Class Trip (i.e. Junior, Senior) ,Specify_____

☒ Organization/Club Trip, Specify H.S. Speech & Debate Team ☐ Other (athletic, band), Specify_____

****DESTINATION** Morehead State U. Miles (one way) to destination: 85 City/State Morehead, KY

☒ Overnight: Give name of lodging and address Hampton Inn 500 Hampton Way, Morehead, KY 40351

TRANSPORTATION (to be completed by Requestor)

☐ FORM has been completed and approved by Brian Wever and is on the Transportation Spreadsheet.

****Does the trip exceed 100 miles**? ☐ Yes ☒ No **If Yes, trip requires Board of Ed approval**. See Below.

☐ Use of Common Carrier in Lieu of School Bus Procedure 09.36

☐ Private Vehicle, if allowed by policy.SpecifyDriver(s)_____

Purpose/Educational Value State Tourney! Number of days absent from school 1

Number of: Students Going on Trip 20 Faculty/Staff 2 Other Chaperones 3

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? ☒ **YES** ☐ **NO** IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved

☒ Yes ☐ No Principal Jessica R Pace Signature Date 10/1/26

Trip Approved

☐ Yes ☐ No Superintendent/Designee_____ _____ Signature Date _____

☐ Yes ☐ No Board of Education if applicable _____ Signature Date _____

MUST COMPLETE PAGE 2 AS WELL and turn in with request form.

Event Specific (EAP) for School Sanctioned Non Athletic Event Held Off-Campus (Teacher/Sponsor must complete with above form).

Sponsor Name (Your name) Molly Seifert

Destination/Venue Morehead State University

Venue Address 150 University Blvd., Morehead, KY 40351

Person or email contacted at venue to discuss EAP Environmental Health & Safety Dept.

Position/Title of person contacted Representative of ↗

Date (s) of contact 9/28/20

Is there an Automatic External Defibrillator (AED) on site ✓ yes _____ no

If yes, where is it located In every building on the 1st floor near elevator

Does the venue have an emergency response team (ERT)? ✓ yes _____ no

Process to request (how will you request) AED and/or ERT if needed at the scene Morehead Univ. Police Department 911 or 606-783-2035

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 as follows:

- *Know 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*