

### School-Related Student Trip Forms

This form is to be used when students take any trip off campus for school purposes.

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Class/Activity Group/Team: \_\_\_\_\_

Teacher/Sponsor/Coach: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Destination Venue, Location and State: \_\_\_\_\_

Trip Location Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Teachers: \_\_\_\_\_ # Students: \_\_\_\_\_ # Chaperones: \_\_\_\_\_ Adult/Student Ratio: \_\_\_\_\_

Date(s) & Times	Cost	Transportation
Departure Date: _____ Time: _____ AM/PM Return Date: _____ Time: _____ AM/PM	Total Cost: \$ _____ Funding Source: _____ _____ <b>Fee to be assessed to students:</b> \$ _____	<input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: _____ Approved Bid – Company Name <input type="checkbox"/> Other: _____ <i>Attach a copy of Charter Bus Contract.</i>
<b>Meals</b>	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: _____ School Cafeteria Packed <input type="checkbox"/> _____	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____ Name & Location: _____
<b>Over Night</b>	Date: _____	Lodging: _____
	Date: _____	Lodging: _____

Trip Purpose and Core Content/learning targets: \_\_\_\_\_

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: \_\_\_\_\_

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: \_\_\_\_\_

**School Nurse Initials:** \_\_\_\_\_ **for verification that medications administrator listed above received training.**

Due Date: \_\_\_\_\_ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. **(Teacher/Sponsor/Coach must initial below)**

- \_\_\_\_\_ I have attached an anticipated Trip Itinerary
- \_\_\_\_\_ I have evaluated the trip site for potential hazards/special requirements
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Funds have been secured for indigent students
- \_\_\_\_\_ If needed, background checks for chaperone approval have been initiated
- \_\_\_\_\_ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### School-Related Student Trip Request Form

#### EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP) FOR SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue \_\_\_\_\_

Venue Address \_\_\_\_\_

Person or email contacted at venue to discuss EAP \_\_\_\_\_

Position/Title of person contacted \_\_\_\_\_

Date (s) of contact \_\_\_\_\_

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

If yes, where is it located? \_\_\_\_\_

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

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

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? \_\_\_\_\_

Is any other assigned emergency equipment available on field trip?  yes  no

If so, list location of equipment \_\_\_\_\_

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 911 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 AED;
  - Continuing supporting the victim until the local EMS arrives and takes over care; and
  - Direct EMS to the scene.

**School-Related Student Trip Request Form****APPROVAL SIGNATURES REQUIRED**

CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

 Required for all trips

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

 Trips within a 150 mile radius of the school

Board of Education: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Submit forms to Superintendent/Designee for review and submission to the Board for approval.

 Includes a Student Fee Overnight Trips Common Carrier Transportation Reason for using a Charter Bus/Plane: \_\_\_\_\_*All field trip forms requiring Board approval must be completed and submitted to the Superintendent/designee ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.***UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

- |   |
|---|
| <input type="checkbox"/> Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses<br><input type="checkbox"/> Make reservation with the venue<br><input type="checkbox"/> Make transportation arrangements<br><input type="checkbox"/> Send out completed principal approved Parent Permission Forms.<br><input type="checkbox"/> Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.<br><input type="checkbox"/> Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.<br><input type="checkbox"/> Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.<br><input type="checkbox"/> Consult with Cafeteria Manager on lunch arrangements, including number of students that will be out of the building if lunch is not provided through the Cafeteria.<br><input type="checkbox"/> Two (2) weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval.<br><input type="checkbox"/> Confirm that trained medical person will attend.<br><input type="checkbox"/> Cost for nursing, if applicable, shall be arranged and paid by the school. |
|---|

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ON THE DAY OF THE TRIP**

- |  |  |
|--|--|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.)             | <input type="checkbox"/> Post attendance prior to leaving  |
| <input type="checkbox"/> Provide office with a list of chaperones & cell numbers | <input type="checkbox"/> Take student lunches (if applicable)  |
| <input type="checkbox"/> Take student medications in original labeled bottle     | <input type="checkbox"/> Take classroom emergency kit  |
| <input type="checkbox"/> Take parent permission slips with you on the trip       | <input type="checkbox"/> Take required payments  |
| <input type="checkbox"/> Give office copies of all parent permission slips       | <input type="checkbox"/> Provide copy of event specific EAP to all personnel attending in any capacity, including cell numbers for all |

**(Retain for 1 year)**