School-Related Student Trip Request Form & Non-Athletic Event-Specific Emergency Action Plan (EAP)

Submit this form no later than two (2) weeks prior to the trip.

SCHOOL_____ **FACULTY MEMBER(S) SPONSORING TRIP**_____

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class (i.e., junior, senior) Trip, specify_____

☐ Organization / Club Trip, specify_____ ☐ Other (athletic, band, if applicable)_____

DESTINATION_____ **ADDRESS**_____ **PHONE**_____

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging_____

_____

DATES(S) OF TRIP_____ **DEPARTURE TIME**_____ **RETURN TIME**_____

PURPOSE / EDUCATIONAL VALUE_____

_____

No student shall be denied the trip because of an inability to pay.

SOURCE OF FUNDING FOR THE TRIP_____

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY_____

SUPERVISION (LIST TEACHERS, AIDES, & CHAPERONES)_____

_____

_____

NUMBER OF: STUDENTS_____ FACULTY SPONSORS_____ OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS_____

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL / DESIGNEE TO SUPERVISE STUDENTS? ☐ YES ☐ NO

MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.

☐ BUS / DISTRICT VEHICLE_____

☐ OTHER (PRIVATE VEHICLE, CHARTER BUS; SPECIFY DRIVER(S))_____

SCHOOL NURSE NOTIFIED: _____

DATE & SCHOOL NURSE'S SIGNATURE

SCHOOL KITCHEN MANAGER NOTIFIED: _____

DATE & SCHOOL KITCHEN MANAGER'S SIGNATURE

YES will be taking sack BREAKFASTS Number of Meals_____

YES will be taking sack LUNCHES Number of Meals_____

SCHEDULED BUS DRIVER(S)_____

All drivers are scheduled by calling the bus garage at 606-387-5276. All out-of-state or overnight trips must be approved by the Board.

_____ _____

Signature of Faculty Sponsor ***Date***

Trip has been ☐ approved ☐ disapproved. Reason for disapproval_____

_____

_____ _____

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.

Non-Athletic Event-Specific Emergency Action Plan

School_____ Teacher/Sponsor_____ Cell #_____
Destination / Venue Address_____
School Employee(s) attending Trip & Cell Number(s). ***Please note beside name if employee is CPR certified.***

_____ _____
_____ _____
_____ _____

List students with medica needs (Diagnosis / Condition). List medication trained employees assigned to each student's care.

_____ _____
_____ _____
_____ _____

Trip Location Contact Person_____ Phone_____
EAP Contact Person to Discuss Venue EAP (if different from above)_____ Phone_____
Position / Title of Person Contacted_____
Who Made the Contact?_____ Date of Contact_____
Does the venue / location have an EAP? ☐ Yes ☐ No
Will a portable automatic external defibrillator (AED) be taken from school? ☐ Yes ☐ No
If **YES**, please list name and cell number of person on trip responsible for oversight and location of AED_____
_____
Is any other school emergency equipment available? ☐ Yes ☐ No
If **YES**, please list emergency equipment items and locations_____
_____
If **YES**, please list name and cell number of person on trip responsible for oversight of other emergency equipment_____
_____
Does the venue / location have an emergency response team (ERT)? ☐ Yes ☐ No
If **YES**, please list names and contact information in order of available contacts_____
_____
If **YES**, will members of the emergency response team be available in the event of a medical emergency during the school event? ☐ Yes ☐ No
Does the venue / location have an AED on site? ☐ Yes ☐ No
If **YES**, list location(s)_____
Describe the process to request AES and/or ERT if needed_____
_____
Is access to emergency transport available at the venue / location? ☐ Yes ☐ No
If YES, please list the name of emergency transport organization and phone number_____

Non-Athletic Event-Specific Cardiac Emergency Response Plan

Location of AED(s), if any_____
How to gain access to nearest AED_____
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 the center of chest about 100 times / minute)
- Continue supporting the victim until the local EMS arrives and takes over care
- Direct EMS to the scene

School personnel attending the event in an official capacity are responsible for implementation of the EAP, including the Cardiac Response Plan.

Required Signatures:

Teacher / Sponsor_____ Date_____
Principal Approval_____ Date_____

*****Upon completion and Principal Approval, the Event Teacher / Sponsor must distribute this form to all personnel attending the event in an official capacity.***

Approved by SBDM Council (date):_____

Clinton County School District
Medical Emergency Response Plan
(off-campus events)

ROLES DURING AN EMERGENCY

- Who will call 9-1-1? Primary _____ Secondary _____
- Who will be available to guide ambulance to scene, if safe? _____
- CPR/First Aid certified staff that can provide medical care?_____

_____

- Who will watch students and provide scene supervision in case of an emergency? _____

_____

_____

- Communication may occur by what means? Circle all that apply.
  Cell Phones Bus radio School phones District mass call system
  Other-Please Specify_____
- Does the field trip location have an Automated External Defibrillator (AED) on-site? Yes No
- What emergency equipment will accompany the students and staff on this field trip?
  Circle all that apply. AED First Aid Kit Stop the Bleed kit
  Other supplies: Please specify-_____
- Are there any students on this trip with specific medical needs (seizures, diabetes, mobility concerns, food allergies, etc.)?
  Student-_____Medical Concern-_____
  Student-_____Medical Concern-_____
  Student-_____Medical Concern-_____
  Student-_____Medical Concern-_____

- What is the predetermined reunification location? _____

FIELD TRIP EMERGENCY PROTOCOL

The field trip coordinator should ensure that appropriate first aid equipment and supplies are available during the trip. It is advisable that at least one staff person or adult chaperone (parent, guardian, or other volunteer) has a cellular phone in case the emergency is en -route to or from the school or field trip destination.
Permission slips with emergency care release or parent/guardian phone numbers must be with the field trip coordinator or designee.
In the event of an emergency:

- Designated staff person administers first aid procedures as indicated by the nature of the accident.
- Notify parents, if necessary.
- If the injury is major or life-threatening, either the first school staff person attending to the student or another school staff person calls 911 immediately.
- Field trip coordinator or designee calls parents or guardian immediately (but only after 911 is called and immediate care is begun).
- Notify school's principal or designee

MEDICAL EMERGENCIES DURING FIELD TRIPS

IN AN EMERGENCY SITUATION, BORDERLINE SITUATION, OR SITUATION WHERE IT MAY BE UNCLEAR WHETHER AN EMERGENCY EXISTS, ERR ON THE SIDE OF CAUTION AND CONTACT 911.

Medical emergencies include seizures, unconsciousness (without injury), asthma, anaphylactic or breathing emergencies, fainting, diabetic emergencies (confusion, drowsiness, agitation in students known to have diabetes), insect stings, or other non-injury emergencies.

MINOR

- Notify school's nurse or principal's office.
- Nurse, principal or other designated school staff administers first aid procedures as indicated by the nature of the accident.
- Notify parents, if necessary.
- Staff witnessing and/or providing first aid care should complete an accident report.

MAJOR (*any medical emergency deemed by school staff to need immediate physician care, EMS, or transport to a healthcare facility)*

Any insect sting, food allergy reaction, or other allergic reaction in student known to have such reactions is an EMERGENCY – CALL 911. All rapid onset (within a few minutes) breathing problems or swelling of the tongue and face are considered EMERGENCIES – CALL 911.

- Notify school's nurse or principal's office.
- Either first school staff person attending to the student or another school staff person calls 911.
- Provide first aid or other Basic Life Support (CPR, rescue breathing, etc.).
- Assist the person with or administer the person's prescribed Epi-Pen, Epi-Pen Jr., or other epinephrine auto-injector, or inhaler for all allergic reactions causing breathing problems.
- Contact the school's nurse or EMS regarding administering an undesignated epinephrine auto-injector (IF AVAILABLE) to any individual having breathing problems or severe swelling of mouth, lips, or tongue after an insect sting.
- If CPR or rescue breathing is required, staff must also retrieve or send other staff for AED.

Staff witnessing and/or providing first aid care should complete an accident/medical care report.

For an isolated emergency affecting one or a few students:

- Take necessary precautions to treat a life-threatening situation without placing the safety of others in jeopardy.
- Call 911, if appropriate.
- Immediately notify the person in charge of the trip and alert them to the situation.
- Gain the aid of another staff member or chaperone to watch the remainder of your group.
- If the student/students are mobile, proceed to the reunification location.

For an emergency that affects multiple persons:

- Take necessary precautions to treat a life-threatening situation without placing the safety of others in jeopardy.
- Call 911, if appropriate.
- If it is safe to move students:
- Verify that all students in your group are accounted for (check the roll).
- Communicate the reunification location to students.
- Immediately notify the person in charge of the trip or another chaperone and alert them to the situation.
- Move cautiously to the reunification location, keeping control of students at all times.

If movement of students is not possible:

- Verify that all students in your group are accounted for (check the roll).
- Find a place to keep students safe.
- To the extent possible, be able to give your precise location to emergency staff.
- Immediately notify the person in charge of the trip or another chaperone and alert them to the situation.

General notification to parents:

In the event of an emergency or problem on a field trip, parents will be notified by a school administrator or designee. The school administrator, or designee, will provide the necessary information to parents and may include factual details of the emergency, changes in times/plans for return to school, and any changes in reunification/sign out location(s).