

Field Trip Planning Form

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

School: Conner High School Grade(s): 8-12 Class/Activity Group/Team: Cheer
 Teacher/Sponsor/Coach: Kristy Ludaker Cell Phone Number: 889-609-1906
 Person trained with current medication administration training CPR/FA/AED credential Kristy Ludaker

Destination Venue, Location and State: ESPN Center - Orlando, Florida
 Trip Location Contact Person: Ginger Watkins Phone Number: 888-243-3782
 # Teachers: 3 # Students: 24 # Chaperones: 4 Adult/Student Ratio: 1-6

Date(s) & Times	Cost	Transportation
Departure Date: <u>2/5/25</u> Time: <u>6:00</u> <u>AM</u> /PM	Total Cost: \$ <u>32,000 - 40,000</u> Funding Source: <u>each athlete + fundraising</u>	<input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus:
Return Date: <u>2/10/25</u> Time: <u>9:00</u> AM/ <u>PM</u>	Fee to be assessed to students: <u>\$1200.00</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>	Approved Bid - Company Name <input checked="" type="checkbox"/> Other: <u>Flights</u> <small>Attach a copy of Charter Bus Contract.</small>

Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be consumed: <u>VARIOUS</u>
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Airport - CVS & MCO</u>	Name & Location:
Over Night	Date: <u>2/5/25</u>	Lodging: <u>Disney Property</u>	
	Date: <u>2/9/25</u>	Lodging: <u>Disney Property</u>	

Trip Purpose and Core Content/learning targets: Sports - our biggest competition of the year

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: n/a

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: Kristy Ludaker
 School Nurse Initials: slw for verification that medications administrator listed above received training.
Due Date: 1/22/25 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)**

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- slw I have attached an anticipated Trip Itinerary
- slw I have evaluated the trip site for potential hazards/special requirements
- slw 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.
- slw Funds have been secured for indigent students
- slw If needed, background checks for chaperone approval have been initiated
- slw 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: [Signature] Date: 7/24/24

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue ESPN Wide World of Sports - Orlando, Florida

Venue Address 700 S. Victory Way, Orlando, FL 32747

Person or email contacted at venue to discuss EAP Ginger Watkins

Position/Title of person contacted Varsity Rep

Date (s) of contact Cannot contact until event gets closer

Is there an Automatic External Defibrillator (AED) on site? yes no? Is it regularly maintained? yes no? If yes, where is it located? There are several in each building

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

Process to request AED and/or ERT if needed at the scene N/A

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.

APPROVAL SIGNATURES REQUIRED

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

○ Principal: [Signature] Date: 8/13/24

○ Required for all trips

○ Superintendent/Designee: _____ Date: _____

○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

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

○ Travel outside the Tri-State area of KY, OH, IN

○ Common Carrier contract including cost

○ Common Carrier Transportation Reason for using a Charter Bus/Plane: Florida Trip

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

* Anticipated trip Itinerary *

NHSCC 2024 ITINERARY:

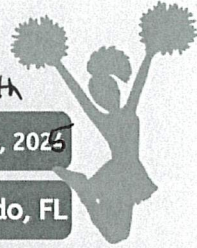


NHSCC
Orlando
ITINERARY

5th-10th

TRAVEL DATE : ~~February 7th - 12th, 2025~~

DESTINATION : Orlando, FL



FLIGHT NUMBER :

~~CVG - MCO - Flight # 1336 & Flight # 3339~~
~~MCO - CVG - Flight # 4683 & Flight # 2496~~

HOTEL NAME AND NUMBER :

All Star Movies Resort



DAY 1

5:00am: Arrive @ CVG
7:05am: Depart for BWI
8:35am: Arrive in Baltimore
1:00pm: Depart for MCO
3:25PM: Arrive in Orlando
8:30pm - 9:45pm: Team Dinner @ Planet Hollywood

DAY 2

8:30am-10:00am: Team warm-ups/practice
11:00am: Load buses for Parks!
9:00pm: Head back to resort
11:00PM: Return to rooms/Lights out

DAY 3

FREE DAY! (Will practice at some point)
Will most likely go to a park for half the day but will be back in time to get much needed rest as tomorrow is a **BIG DAY!**

DAY 4

COMPETITION DAY!!!!
7:30am: Load buses for **STATE FARM FIELD HOUSE !**
10:47am: Check-in/Team Photo/Warm-ups
11:32am: **COMPETE**
TBA: Awards

DAY 5

POTENTIAL COMPETITION DAY!!!! (If we advance)
11:54am: Super Large Division 1 begins
4:30-4:45pm: Awards for Super Varsity Division I
5:00pm: TBD

Day 6 - Head home - ARRIVE @ CVG @ 10:50pm

