

School-Related Student Trip Request Form

REQUEST AND AUTHORIZATION FOR FIELD TRIP USING BOARD OWNED VEHICLE

This form should be in the Central Office at least **fourteen (14) for in state and thirty (30) for out of state days** to the departure. Attach detailed itinerary/agenda to this form.

Policy 09.36 and corresponding Administrative Procedures must be followed with necessary paperwork completed on a timely basis.

*From: Mahala Morgan Name of Requestor *Date: 8/29/2024 Date of Request

*For: FFA Class or Grade *Number of Students: 3

**Proposed trip to: Kentucky Leadership Training Center

**Date and estimated time of departure: Sept 6 @ 3:30pm

**Date and estimated time of return: Sept 7 @ 5:00pm

*Educational objective: Kentucky Rising Sun Conference

Type of Vehicle needed:

* Board owned: Bus Van Sedan

Number of Passengers: 3

Not Board owned: Common Carrier Other (specify), _____

Number of Passengers: _____

*Will students be charged: Yes No If yes, how much? _____

Other financing: _____

*Teacher(s) in charge of trip: Mahala Morgan

*Additional chaperones: _____

*Has/will parental permission be/been obtained for each student? Yes No

Will you or one of your chaperones, as a certified driver, be the driver for the trip? Yes No

If yes, give driver's name: Mahala Morgan Remarks: _____

Student list has been reviewed by the Principal Student list was given to the Attendance Clerk

Student list has been reviewed by the School Nurse Nurse Signature [Signature]

OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

*Trip approved: Kristen McQuinn Driver assigned: _____
Principal's Signature Name of Driver

*Charge trip to: _____ Central Office approval: _____

Vehicle assigned: _____ Head Mechanic Initials: _____

FOR DRIVER USE-RETURN COMPLETED FORM TO CENTRAL OFFICE AFTER TRIP

Vehicle checked for safety and fuel: Yes No Bus Number: _____

Odometer reading (beginning of trip): _____ Odometer reading (end of trip): _____

Depart Date: _____ Time: _____ Mileage: _____

Return Date: _____ Time: _____ Mileage: _____

ACCOUNTANT USE-RETAIN FOR FILE

Mileage charge: \$ _____ per mile for _____ miles equals \$ _____

Driver's Pay: \$ _____ Charged to: _____
Activity Fund

Date Paid: _____

*Required Fields to be completed

**If Request is for multiple trips (i.e. sports teams), do not complete this field - Complete a Multi-Trip Sheet

School-Related Student Trip Forms

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

School: BCHS Grade(s): 9-12 Class/Activity Group/Team: FFA
 Teacher/Sponsor/Coach: Morgan Cell Phone Number: (812) 788-0842
 Person trained with current medication administration training CPR/FA/AED credential Morgan
 Destination Venue, Location and State: KY FFA Leadership Center, Harrodsburg KY
 Trip Location Contact Person: Josh Mitchem Phone Number: (270) 750-2301
 # Teachers: 1 # Students: 3 # Chaperones: _____ Adult/Student Ratio: 1:3

Date(s) & Times		Cost		Transportation	
Departure Date: <u>Sept 6</u>		Total Cost: \$ <u>0</u>		<input checked="" type="checkbox"/> District Bus/Van	
Time: 3:30 <u>3:30</u> AM/PM		Funding Source: <u>N/A</u>		<input type="checkbox"/> Charter Bus: _____	
Return Date: <u>Sept 7</u>		Fee to be assessed to students:		Approved Bid - Company Name	
Time: <u>5:00</u> AM/PM		\$ <u>0</u>		Other: _____	
<i>Attach a copy of Charter Bus Contract.</i>					
Meals	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 & Location: <u>Culvers, Simpsonville KY</u>		
	(Name and location of each stop)		Name & Location: _____		
Over Night	Date: <u>Sept 6, 2024</u>		Lodging: <u>KY FFA Leadership Camp</u>		
	Date: _____		Lodging: _____		

Trip Purpose and Core Content/learning targets: Kentucky Rising Sun Conf.
 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: Mahala Morgan

School Nurse Initials: SM for verification that medications administrator listed above received training.
 Due Date: 8/30/24 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 viewed the field trip video for teachers/sponsors/coaches found on the District website
 - 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: Mahala Morgan Date: 8/29/2024

School-Related Student Trip Request Forms

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue KY FFA Leadership Training Center

Venue Address 111 FFA Road, Hardinsburg KY 40143

Person or email contacted at venue to discuss EAP Josh Mitcham

Position/Title of person contacted Camp Director

Date (s) of contact 7/17/2024

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

If yes, where is it located? Main Admin Building-attached

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

Process to request AED and/or ERT if needed at the scene Attached to paperwork

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? N/A

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

If so, list location of equipment N/A

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 Forms

APPROVAL SIGNATURES REQUIRED

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

SIGNATURES

Principal: Kristen Nicolini Date: 8/30/24

Required for all trips

Superintendent/Designee: Jan Ry Date: 9/5/24

Overnight Trips

Board of Education: _____ Meeting Date: _____

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

Includes a Student Fee

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

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

Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses

Make reservation with the venue

Make transportation arrangements

Send out completed Principal approved Parent Permission Forms.

Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.

Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.

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.

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.

Two 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. Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel _____

Cost for nursing, if applicable, shall be arranged and paid by the school.

School Nurse Signature: [Signature] Date: 8/30/24

ON THE DAY OF THE TRIP

Provide chaperone orientation (video, etc.)

Provide office with a list of chaperones & cell numbers

Take student medications in original labeled bottle

Take parent permission slips with you on the trip

Give office copies of all parent permission slips (Retain for one (1) year)

Post attendance prior to leaving

Take student lunches (if applicable)

Take classroom emergency kit

Take required payments

Provide copy of event specific EAP to all personnel attending in an official capacity, including cell numbers for all (Retain for one (1) year)

School-Related Student Trip Parent Permission Forms

Student: _____ Trip Destination/Location: KY FFA LTC

School: BCHS Class/Activity/Team: FFA

Times		Cost		Transportation	
Departure Date:	<u>Sept 16</u>	Student Fee: \$	<u>0</u>	District Bus/Van	<input checked="" type="checkbox"/>
Time:	<u>3:30</u> AM/PM	Adult Fee: \$	<u>0</u>	Charter Bus	<input type="checkbox"/>
Return Date:	<u>Sept 17</u>	Due Date:	<u>N/A</u>	Other	<input type="checkbox"/>
Time:	<u>5:00</u> AM/PM				
Meals	At school prior to departure <input type="checkbox"/>		Student Packed <input type="checkbox"/> School Cafeteria Packed <input type="checkbox"/>		
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Colvers, Simpsonville KY</u>			
Over Night	Date:	Lodging:			
	Date:	Lodging:			

Mahala J. Whetstone
Teacher/Sponsor/Coach Signature

Kristen Nicoulin
Principal Signature

My Child, _____ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct and Expected Behavior. 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.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____ (Parent/guardian Initials)

If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. To avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

ALL MEDICATIONS NEEDED ON THIS TRIP REQUIRE A DISTRICT ADMINISTRATION OF MEDICATION FORM TO BE ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.



Bourbon County Agricultural Education & FFA

Learning to Do,
Doing to Learn,
Earning to Live,
Living to Serve

Bourbon County High School
3341 Lexington Road
Paris, KY 40361

Roster for Rising Sun Conference

- Joe Fritsch
- Emerson Tucker
- Emma Hogan



Bourbon County Agricultural Education & FFA

Learning to Do,
Doing to Learn,
Earning to Live,
Living to Serve

Bourbon County High School
3341 Lexington Road
Paris, KY 40361

Trip Itinerary for Rising Sun Conference

Friday: September 6th, 2024

- 3:30pm - Leave from Agriculture Building
- 5:00pm - Stop for supper in Simpsonville (Culvers)
- 6:pm (central time) - Arrive at FFA Camp
- 6:15pm - 10pm - Activities at FFA Camp

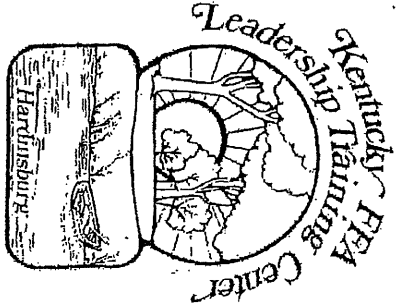
Saturday: September 7th, 2024

- 7:00 am - 12:00 pm (central time) - Activities at FFA Camp
- 12:00pm - leave for home
- 2:00pm - stop for Lunch/Gas in Simpsonville
- 5pm - Return to Bourbon County High School

The FFA Mission: FFA makes a positive difference in the lives of students by developing their potential for premier leadership, personal growth and career success through agricultural education

MAIN SHOP

BUS PARKING



HOUSEKEEPING

HOUSEKEEPING

CAMPER

OLD OFFICE

OLD OFFICE

ODRM

Aud.
Dillon A
Dillon B
Mont. A
Mont. B
Dillon A

OFFICE

AED

- Bathrooms
- Residence
- Classrooms

PLAS 1015

Pav.

A B C

D E F

Rec Hall

1 2 3
4 5 6

7 8 9

VOLLEYBALL COURTS

ARCHERY COURT

TENNIS COURTS

SOLAR ARRAY

POOL

ROPES COURSE

AED

ROPES COURSE