

Field Trip Planning Form

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

School: Ignite Institute Grade(s): 9-12 Class/Activity Group/Team: VEX Robotics
 Teacher/Sponsor/Coach: Josh Knox / Tayland Baswell Cell Phone Number: 859-640-0723
 Person trained with current medication administration training CPR/FA/AED credential: Josh Knox / Tayland Baswell

Destination Venue, Location and State: Dallara IndyCar Factory Speedway, Indiana
 Trip Location Contact Person: Julie Robbins Phone Number: (317) 985-5111

Teachers: 2 # Students: 10 # Chaperones: 0 Adult/Student Ratio: 1:5

<p>Date(s) & Times</p> <p>Departure Date: <u>11/21/24</u></p> <p>Time: <u>3:00</u> AM/PM <input checked="" type="radio"/></p> <p>Return Date: <u>11/23/24</u></p> <p>Time: <u>10:00</u> AM/PM <input checked="" type="radio"/></p>	<p>Cost</p> <p>Total Cost: \$ <u>4112.07</u></p> <p>Funding Source: <u>General Fund</u> <u>9402017 0580</u></p> <p>Fee to be assessed to students: \$ <u>0</u></p> <p><small>Attach Student Activity Cost Form 09.15 AP.23</small></p>	<p>Transportation</p> <p><input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus:</p> <p>Approved Bid – Company Name <input checked="" type="checkbox"/> Other: <u>Rental Van</u></p> <p><small>Attach a copy of Charter Bus Contract.</small></p>
<p>Meals</p> <p>At school prior to departure <input checked="" type="checkbox"/> <u>Breakfast</u></p> <p>Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)</p>	<p>Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: <u>Ignite</u></p> <p>School Cafeteria Packed <input type="checkbox"/></p> <p>Name & Location: <u>Box Lunches at venue</u></p> <p>Name & Location: <u>Breakfast at Hotel</u></p>	
<p>Over Night</p> <p>Date: <u>11/21 - 11/23</u></p> <p>Date:</p>	<p>Lodging: <u>Wingate Rockville Rd. Indianapolis IN.</u></p> <p>Lodging:</p>	

Trip Purpose and Core Content/learning targets: VEX Robotics Competition

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: Josh Knox

School Nurse Initials: DW for verification that medications administrator listed above received training.

Due Date: 11/7/24 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)

- N/A 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: [Signature] Date: 8/9/24

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Dallara IndyCar Factor

Venue Address 1201 N Main St. Speedway IN 46224

Person or email contacted at venue to discuss EAP Julie Robbins/julie.robbins@sbcglobal.net

Position/Title of person contacted Tournament Coordinator

Date (s) of contact 8/9/2024

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? one on each floor (2 total)

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

Process to request AED and/or ERT if needed at the scene We will bring an AED.

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? Josh Knox

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: 8-20-24
○ 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: _____
- *All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.*

School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: Dallara Indy Car Factor
 School: Ignik Institute Class/Activity/Team: Speedway VEX Competition

Times		Cost		Transportation
Departure Date:	<u>11/21/24</u>	Student Fee:	\$ <u>0.00</u>	District Bus/Van <input type="checkbox"/>
Time:	<u>3:00</u> AM/PM <input checked="" type="radio"/>	Adult Fee:	\$ <u>0</u>	Charter Bus <input type="checkbox"/>
Return Date:	<u>11/23/24</u>	Due Date:	<u>0</u>	Other <input checked="" type="checkbox"/> <u>Rental Van</u>
Time:	<u>10:00</u> AM/PM <input checked="" type="radio"/>			
Meals	At school prior to departure <input checked="" 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>Box Lunches at Venue</u>	
		Name & Location:	<u>Breakfast at Hotel</u>	
Over Night	Date:	<u>11/21/24 - 11/23/24</u>		
	Date:	Lodging:	<u>Wingate by Wyndham Indianapolis Airport-Rockville, IN</u>	

[Signature]
Teacher/Sponsor/Coach Signature

[Signature]
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 BOONE COUNTY 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.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip _____)

Rental Details

Dates & Times

Thu, Nov 21, 2024 @ 2:30 PM
Mon, Nov 25, 2024 @ 8:00 AM

Edit

Pick-up & Return Location

Florence Burlington Pike
7484 Burlington Pike
Florence, KY 41042

Edit

Additional Details

Renter Age: 25+
Corporate Account Number: -

Edit

7 Passenger Minivan

Chrysler Pacifica or similar
Automatic



Vehicle

Time & Distance 4 Day(s) @ \$ 164.00 / Day
Unlimited Mileage

Edit

\$ 656.00*

Included

Extras

Add

Taxes & Fees

\$ 104.76*

Estimated Total

\$760.76*

*Rates, taxes and fees do not reflect rates, taxes and fees applicable to non-included optional coverages or extras added later. Pay Later charges will be in your